

LABORATORY - (URINE) PREGNANCY TEST

FORM L12

ID LABEL
HERE --->

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VISIT #:

___ ___

FORM COMPLETED BY:

___ ___

VERSION DATE: **08/15/94**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. ARE TEST RESULTS AVAILABLE?

Yes..... 1 (A2)
No, Sample Inadequate..... 2 (END)
No, Other Reason 3

(END)

(SPECIFY)

A2. DATE SAMPLE TAKEN:

___ / ___ / ___
M D Y

A3. RESULT:

POSITIVE 1
NEGATIVE..... 2
INDETERMINATE 3

A4. SPECIFY PREGNANCY TEST KIT USED:

Abbott..... 1
First Response 2
Other..... 3

(SPECIFY)