

**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)