

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY - (URINE) PREGNANCY TEST
FORM L12**

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

_ _ _ _ _

VERSION DATE: **10/01/07**

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