

**LABORATORY - CHLAMYDIA URINE CONFIRMATORY TEST**  
**FORM C50**

ID LABEL HERE ---> |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|

VISIT #: \_\_\_\_\_  
FORM COMPLETED BY: \_\_\_\_\_

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

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

A1. DATE SPECIMEN TAKEN:

\_\_\_ M \_\_\_ / \_\_\_ D \_\_\_ / \_\_\_ Y \_\_\_

A2. RESULT:

PRESENT/POSITIVE ..... 1  
ABSENT/NEGATIVE ..... 2  
INADEQUATE SPECIMEN ..... 3  
CONTAMINATED ..... 4

A3. DATE TESTED:

\_\_\_ M \_\_\_ / \_\_\_ D \_\_\_ / \_\_\_ Y \_\_\_

***CHLAMYDIA CONFIRMATION BY LCR***