

LABORATORY - CHLAMYDIA SWAB CONFIRMATORY TEST

FORM C51

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. 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