

LABORATORY - SYPHILIS DFA - GENITAL ULCERS AND FISSURES
FORM C65

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. ARE TEST RESULTS AVAILABLE?

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

A2. DATE SPECIMEN TAKEN:

___ / ___ / ___
M D Y

A3. SYPHILIS DFA RESULT:

- POSITIVE..... 1
- TOO FEW TREPONEMES TO READ . 2
- NEGATIVE 3

A4. DATE REPORTED:

___ / ___ / ___
M D Y