

**LABORATORY - SYPHILIS DFA - GENITAL ULCERS AND FISSURES**  
**FORM C65**

ID LABEL  
HERE --->

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VISIT #:  
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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:

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M D Y

A3. SYPHILIS DFA RESULT:

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

A4. DATE REPORTED:

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