

LABORATORY - SYPHILIS DFA - GENITAL ULCERS AND FISSURES
FORM C65

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. 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