

**LABORATORY - SERUM ANTIBODY TESTS
TYPE-SPECIFIC HERPES SEROLOGIES**

FORM C66

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

VERSION DATE: **01/06/97**

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. SPECIMEN NUMBER: _____

A3. DATE OF SAMPLE: ___ ___ / ___ ___ / ___ ___
 M D Y

A4. DATE OF REPORT: ___ ___ / ___ ___ / ___ ___
 M D Y

- A5. HSV-1 WB RESULT (ANTIBODY): POSITIVE 1 (A6)
- NEGATIVE..... 2 (A6)
- INDETERMINATE 3 (A5b)

- A5b. COMMENTS QNS..... 1
- LAB ERROR 2
- UNINTERPRETABLE/OTHER..... 3

_____ (SPECIFY REASON)

- A6. HSV-2 WB RESULT (ANTIBODY): POSITIVE 1 (END)
- NEGATIVE..... 2 (END)
- INDETERMINATE 3 (A6b)

- A6b. COMMENTS: QNS..... 1
- LAB ERROR 2
- UNINTERPRETABLE/OTHER..... 3

_____ (SPECIFY REASON)