

LABORATORY - STIMULATED SALIVA EVALUATION

FORM C70

WIHS SUBJECT ID#: - - - VISIT #:

LAB ID #: INITIALS:

VERSION DATE: 10/15/96

A1. ARE TEST RESULTS AVAILABLE?

Yes 1
No, Sample Inadequate 2 (END)
No, Other Reason..... 3 (END)

(SPECIFY)

A2. RESEARCH SITE:

USC - Los Angeles 1
University of Illinois - Chicago 2
BIMC/Bronx - New York..... 3
UC - San Francisco 4

A3. SPECIMEN COLLECTED:

M / D / Y

A4. SPECIMEN PROCESSED:

M / D / Y

SECTION B: CULTURE RESULTS:

CULTURE	MICROBIAL COUNTS (cfu/mL*)
B1. A. actinomycetemcomitans	<input type="text"/> . <input type="text"/> X 10 <input type="text"/>
B2. Porphyromonas gingivalis	<input type="text"/> . <input type="text"/> X 10 <input type="text"/>
B3. Prevotella intermedia	<input type="text"/> . <input type="text"/> X 10 <input type="text"/>
B4. Bacteriodes forsythus	<input type="text"/> . <input type="text"/> X 10 <input type="text"/>
B5. Campylobacter species	<input type="text"/> . <input type="text"/> X 10 <input type="text"/>
B6. Eubacterium species	<input type="text"/> . <input type="text"/> X 10 <input type="text"/>
B7. Fusobacterium species	<input type="text"/> . <input type="text"/> X 10 <input type="text"/>
B8. Peptostreptococcus micros	<input type="text"/> . <input type="text"/> X 10 <input type="text"/>

