

WOMEN'S INTERAGENCY HIV STUDY  
**LABORATORY – ERYTHEMATOUS CANDIDIASIS RESULTS**  
**FORM C72**

ID LABEL HERE --->

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VISIT #:

\_\_\_\_

VERSION DATE:

**04/01/99**

FORM COMPLETED BY:

\_\_\_\_

DATE OF PROCEDURE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE OF REPORT

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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1. ARE TEST RESULTS AVAILABLE?

- YES .....1  
NO, SAMPLE INADEQUATE .....2     **(END)**  
NO, OTHER REASON .....3

SPECIFY: \_\_\_\_\_ **(END)**

2. ERYTHEMATOUS CANDIDIASIS SMEAR RESULTS:

- POSITIVE .....1  
NEGATIVE .....2