

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

___ / ___ / ___

1. ARE TEST RESULTS AVAILABLE?

- YES1
- NO, SAMPLE INADEQUATE2 **(END)**
- NO, OTHER REASON3

SPECIFY: _____ **(END)**

2. ERYTHEMATOUS CANDIDIASIS SMEAR RESULTS:

- POSITIVE1
- NEGATIVE2