LABORATORY - HIV-1 ELISA AND WESTERN BLOT RESULTS

FORM L1

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

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 SAMPLE DRAWN:

___ ___ / ___ ___ / ___ ___
M D Y

A3. HIV-1 ELISA RESULT:

POSITIVE 1
NEGATIVE..... 2 **(END)**
INDETERMINATE 3

A4. HIV-1 WESTERN BLOT RESULT:

POSITIVE 1
NEGATIVE..... 2
INDETERMINATE 3