LABORATORY - SERUM ANTIBODY TESTS
SYPHILIS SCREENING

FORM L6

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

a. RESULT:

REACTIVE.....1 *****
NON-REACTIVE.....2 **(END)**

b. WAS TITER REPORTED?

YES .....1 (**SPECIFY TITER**)

1 : |___|___|___|___|
TITER

NO.....2

*** CONFIRMATORY TEST IS REQUIRED IF SCREENING TEST IS REACTIVE**

A3. SYPHILIS CONFIRMATORY TEST:

FTA - ABS ..... 1 **(A3a)**
MHA -TP..... 2 **(A3b)**

a. FTA - ABS RESULT:

REACTIVE.....1
REACTIVE MINIMAL 2
NON-REACTIVE.....3
ATYPICAL FLUORESCENCE .....4 **(END)**

b. MHA -TP RESULT:

REACTIVE.....1
NON-REACTIVE.....2
INCONCLUSIVE .....3 **(END)**