

**LABORATORY - SERUM ANTIBODY TESTS
SYPHILIS SCREENING**

FORM L6

ID LABEL
HERE --->

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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

(SPECIFY) (END)

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

b. MHA -TP RESULT:

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