

**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

\_\_\_\_\_ (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 (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)