

**LABORATORY - MANTOUX SKIN TEST RESULT
5TU-PPD-TUBERCULIN**

FORM L8

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

VERSION DATE: 10/01/99

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. 5TU-PPD-TUBERCULIN WAS:

DONE..... 1 (A2)

NOT DONE..... 2

_____ (END)

(SPECIFY REASON)

PARTICIPANT REFUSED 3 (END)

A2. DATE 5TU-PPD-TUBERCULIN PLACED:

___ / ___ / ___
M D Y

A3. DATE OF 5TU-PPD-TUBERCULIN READING:

___ / ___ / ___
M D Y

A4. RECORD MEASURED INDURATION OF 5TU-PPD-TUBERCULIN:

____ mm

NOTE: SERONEGATIVE PARTICIPANTS THAT HAVE A READING BETWEEN 5 MM AND 10 MM OF INDURATION REQUIRE A REFERRAL FOR CLINICAL EVALUATION AND/OR TREATMENT.