

LABORATORY - CHLAMYDIA GEN-PROBE

FORM L9

ID LABEL
HERE --->

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VISIT #:
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FORM COMPLETED BY:
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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 Reason3

_____ (END)
(SPECIFY)

A2. DATE SAMPLE TAKEN:

 _ _ _ / _ _ _ / _ _ _

 M / D / Y

A3. RESULT:

- PRESENT/POSITIVE.....1
- ABSENT/NEGATIVE.....2
- INDETERMINATE.....3

A4. DATE TESTED:

 _ _ _ / _ _ _ / _ _ _

 M / D / Y