LABORATORY - (URINE) PREGNANCY TEST

FORM L12

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 TAKEN:

___ ___ / ___ ___ / ___ ___
M D Y

A3. RESULT:

POSITIVE 1
NEGATIVE..... 2
INDETERMINATE 3

A4. SPECIFY PREGNANCY TEST KIT USED:

Abbott..... 1
First Response 2
Other..... 3

_____
(SPECIFY)