

LABORATORY - GONORRHEA GEN-PROBE

FORM L13

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

(SPECIFY) (END)

A2. DATE SAMPLE TAKEN:

__ M / __ D / __ Y

A3. RESULT:

- POSITIVE..... 1
- NEGATIVE..... 2
- INDETERMINATE..... 3

A4. DATE OF TEST: (if different from date specimen taken)

__ M / __ D / __ Y