

LABORATORY - GONORRHEA LCR

FORM L13

ID LABEL  
HERE --->

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VISIT #:  
  \_\_\_  \_\_\_

FORM COMPLETED BY:  
  \_\_\_  \_\_\_  \_\_\_

VERSION DATE: 10/01/01

**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:

- DETECTED ..... 1
- NOT DETECTED ..... 2

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

\_\_\_ / \_\_\_ / \_\_\_  
M D Y