

LABORATORY - HERPES CULTURE OF ULCERS AND FISSURES

FORM L17

ID LABEL HERE ---> []-[]-[]-[]-[]-[]-[]-[]

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: 10/15/94

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

A1. Herpes culture # ___ out of ___ (total # of cultures)

A2. SITE OF CULTURE:

- ORAL..... 1
EXTERNAL GENITALIA/PERINEAL..... 2
VAGINAL..... 3
CERVICAL..... 4
OTHER 5

(SPECIFY)

A3. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A4)
No, sample Inadequate..... 2 (END)
No, Other Reason 3

(SPECIFY)

A4. DATE SPECIMEN TAKEN:

__ M __ / __ D __ / __ Y __

A5. DATE TESTED:

__ M __ / __ D __ / __ Y __

A6. RESULT:

- NEGATIVE..... 1
HSV TYPE I ISOLATED..... 2
HSV TYPE II ISOLATED..... 3
VARICELLA ZOSTER VIRUS ISOLATED... 4
CONTAMINATED SPECIMEN 5
INADEQUATE SPECIMEN 6
OTHER 7

(SPECIFY)

COMPLETE A SEPARATE FORM L17 FOR EACH HSV CULTURE PERFORMED