

LABORATORY - HERPES CULTURE OF ULCERS AND FISSURES

FORM L17

ID LABEL
HERE --->

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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) (END)

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