

**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**