

OPTIONAL

TRICHOMONAS VAGINALIS CULTURE

FORM L18

ID LABEL
HERE --->

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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
- _____ (END)

(SPECIFY)

A2. DATE SPECIMEN TAKEN:

___ M ___ / ___ D ___ / ___ Y ___

A3. CULTURE RESULT:

- POSITIVE 1
- NEGATIVE 2
- CONTAMINATED 3