

**OPTIONAL**

**TRICHOMONAS VAGINALIS CULTURE**

**FORM L18**

ID LABEL  
HERE --->

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VISIT #:  
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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
- 
- (SPECIFY)

A2. DATE SPECIMEN TAKEN:      \_ \_ M / \_ \_ D / \_ \_ Y

A3. CULTURE RESULT:

- POSITIVE.....1
- NEGATIVE .....2
- CONTAMINATED .....3