

ORAL PROTOCOL - FORM OP5

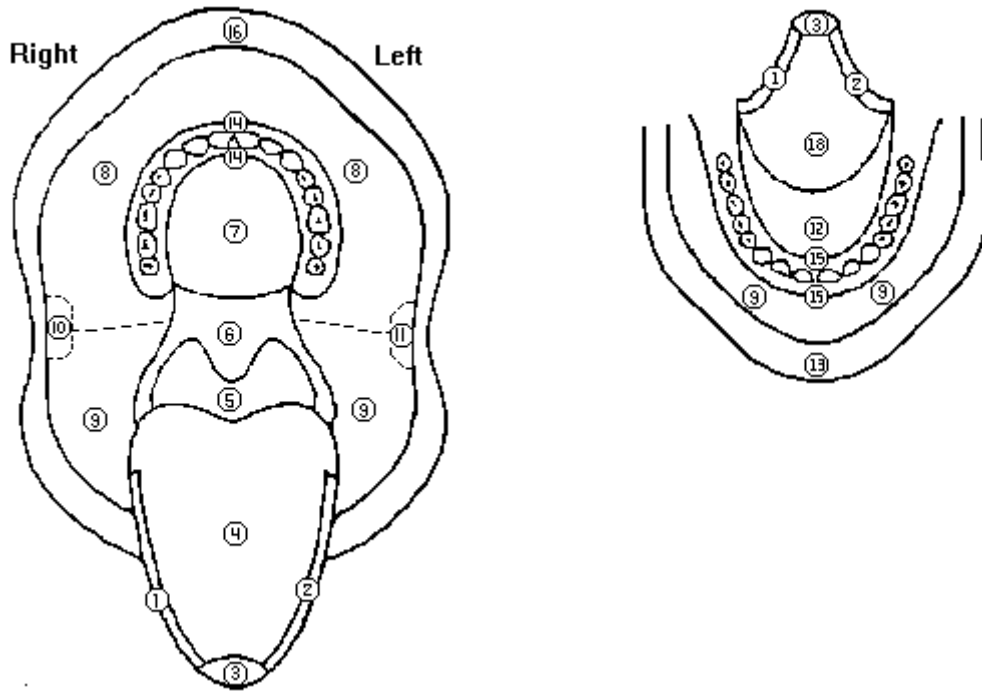
SMEAR RESULTS FROM HERPETIC LESIONS

A1. ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_| A2. VISIT #: _____ A3. VERSION DATE: **03/01/95**

A4. FORM COMPLETED BY: _____ A5. SPECIMEN DATE: _____ / _____ / _____

B1. Herpetic culture # _____ out of _____ (total # of herpetic cultures)

B2. LOCATION OF CULTURE (**CIRCLE ONE CODE ONLY**):



B3. Result:

- NEGATIVE1
- POSITIVE - NOT TYPED.....2
- HSV TYPE I ISOLATED.....3
- HSV TYPE II ISOLATED.....4
- VARICELLA ZOSTER VIRUS ISOLATED.....5
- CONTAMINATED SPECIMEN.....6
- INADEQUATE SPECIMEN.....7
- OTHER8

(SPECIFY)