

**LABORATORY - SERUM ANTIBODY TESTS  
SYPHILIS SCREENING**

**FORM L6**

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 SAMPLE DRAWN:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y

a. RESULT:

- REACTIVE.....1 \*
- NON-REACTIVE .....2 (END)

b. WAS TITER REPORTED?

- YES .....1 (SPECIFY TITER)

1 : |\_| |\_| |\_| |\_|  
TITER

- NO .....2

**\* CONFIRMATORY TEST IS REQUIRED IF SCREENING TEST IS REACTIVE**

A3. SYPHILIS CONFIRMATORY TEST:

- FTA - ABS ..... 1 (A3a)
- MHA -TP..... 2 (A3b)

a. FTA - ABS RESULT:

- REACTIVE.....1 (END)
- REACTIVE MINIMAL .....2 (END)
- NON-REACTIVE .....3 (END)
- ATYPICAL FLUORESCENCE .....4 (END)

b. MHA -TP RESULT:

- REACTIVE.....1 (END)
- NON-REACTIVE .....2 (END)
- INCONCLUSIVE .....3 (END)