

**LABORATORY - MANTOUX SKIN TEST RESULT  
ANERGY PANEL**

**FORM L7**

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. ANERGY PANEL WAS:

DONE..... 1 (A2)  
NOT DONE..... 2

(END)

\_\_\_\_\_  
(SPECIFY REASON)

A2. DATE ANERGY PANEL PLACED:

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

A3. DATE OF ANERGY PANEL READING: \*

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

A4. RECORD MEASURED INDURATION OF ANERGY PANEL:

a. Candida

b. Mumps

c. Tetanus

|\_|\_|\_| mm

|\_|\_|\_| mm

|\_|\_|\_| mm

\* **IF READING OCCURS > 3 DAYS AFTER PLACEMENT OF ANERGY TESTS,  
REAPPLICATION OF ANERGY PANEL IS REQUIRED IF SKIN TESTS ARE NEGATIVE.**