

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY – SERUM ANTIBODY TESTS
FORM L06 – SYPHILIS SCREENING**

ID LABEL HERE ---> |_|-|_|-|_|-|_|-|_|

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: **10/01/10**

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: _____ (END)

A2. DATE SAMPLE DRAWN: |_|_|/|_|_|/|_|_|
M D Y

a. RESULT:

- REACTIVE1 *
- NON-REACTIVE2 (END)

b. WAS TITER REPORTED?

YES1 (SPECIFY TITER)

1 : |_|_|_|
TITER

NO2

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

A3. SYPHILIS CONFIRMATORY TEST:

- FTA - ABS 1 (A3a)
- MHA -TP..... 2 (A3b)
- TP-PA REFLEX..... 3 (A3c)
- TPHA 4 (A3d)

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)

c. TP-PA REFLEX RESULT:

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

d. TPHA RESULT:

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