

LABORATORY - GONORRHEA LCR

FORM L13

ID LABEL
HERE --->

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VISIT #:

___ ___

FORM COMPLETED BY:

___ ___ ___

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

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 TAKEN:

___ / ___ / ___
M D Y

A3. RESULT:

- DETECTED 1
- NOT DETECTED 2

A4. DATE OF TEST: (if different from date specimen taken)

___ / ___ / ___
M D Y