

OPTIONAL

**WOMEN'S INTERAGENCY HIV STUDY
TRICHOMONAS VAGINALIS CULTURE
FORM L18**

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?

- Yes1 (A2)
 - No, Sample Inadequate2 (END)
 - No, Other Reason.....3
-
- (END)

(SPECIFY)

A2. DATE SPECIMEN TAKEN:

___ / ___ / ___
M D Y

A3. CULTURE RESULT:

- POSITIVE.....1
- NEGATIVE2
- CONTAMINATED3