WIHS INTERAGENCY HIV STUDY

SEX STEROID STUDY

SS01: LAB REPORT FORM

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

VISIT #: _____

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **10/01/03**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A. LAB RESULTS:

BLOOD TESTS

1. FSH: |__|__|__| . |__|__| mIU/ml
2. Estradiol: |__| |__| |__| pg/ml
3. Inhibin B: |__| |__| |__| pg/ml

A4. SPECIMEN DATE: ___ ___ / ___ ___ / ___ ___
M D Y