

**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.**