Ohio Department of Health • Bureau of Child and Family Health Services

Family Planning and Reproductive Health Laboratory and Test Results

The use of this form is not mandatory. Direct computer entry of data is preferred, although some clinics may choose to use this form to ensure accuracy of result information or due to clinic setup. Provide date of test and results of each lab test given. The date must match previously reported client visit information. Use the following codes: mark "1" if normal or "2" if outside normal.

Name Last	First	Middle Initial

Social Security #	CFHS Client #	Date Collected
		/ /

Test	Result	Test	Result	Test	Result
A. Chlamydia	_____	K. HPV	_____	R. Vaginal Smear/Wet Mount	
B. Cholesterol	_____	L. Pap Smear	_____	Yeast	_____
E. Gonorrhea	_____	O. Rubella	_____	Bacterial Vaginosis	_____
F. Hepatitis B	_____	P. Syphilis	_____	Trichomonas	_____
G. Herpes	_____	Q. Urinalysis	_____	S. Other	_____

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E. Gonorrhea	_____	O. Rubella	_____	Bacterial Vaginosis	_____
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