

Trichomonas vaginalis Report Form		Challenge no.: TR _____
Laboratory Name:	Lab No:	Date Received:
Name (please print):		Date Reported:
Instructions:		
<p>Please ensure that the package you received contains 4 samples, 1, 2, 3 and 4. <i>If your package does not contain 4 samples, contact CMPT as soon as possible.</i> Each sample consists of a small vial of sample material and a sterile swab. Samples are stable for <u>10 days</u> from the date of shipment. Please process as soon as possible and report the results before the due date (see CMPT package documents).</p> <ol style="list-style-type: none"> 1. Remove the swab from the envelope and place it in the vial of sample material for <u>10 seconds to less than 1 minute</u>. DO NOT immerse the swab for more than 1 minute. 2. Proceed according to the Trichomonas Test Kit/Method instructions. 3. Indicate below if the <i>Trichomonas vaginalis</i> sample is negative, positive or indeterminate for antigen. If indeterminate, please provide clarifying/additional information in the Comments box below. <p>Please submit results on-line, www.cmpt.ca, by e-mail to CMPT (cmpt.path@ubc.ca) or by fax (1-866-580-2678 or 604-827-1338). Preliminary results will be posted on the web, www.cmpt.ca, 2 days after the due date and reports will not be accepted after this date.</p>		
Sample no.	Results (please \checkmark one)	Method (please specify):
1	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate	
2	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate	
3	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate	
4	<input type="checkbox"/> negative <input type="checkbox"/> positive <input type="checkbox"/> indeterminate	
Comments/Additional Information: (if applicable)		