SCHOOL BASED HEALTH CENTER LAB LOG - School: _____

| DATE | NAME | DOB | Y | N | * Initials | Pregnancy Test | HCG Lot No | Rapid Strep | Urine GC | Urine Chlamydia | Urinanalysis | Pap Smear | GC Probe | Chlamydia Probe | CBGlucose | Hemoblogbin | Wet Mount | Other: | Treatment or referral |
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If a patient has Medicaid Salud, check *Yes* (Y)!

* Person who performs lab test, initial where indicated

√ = Test Done

Black ─ = Normal Test Results

Red ┼ = Abnormal Test Results

2.1.2008