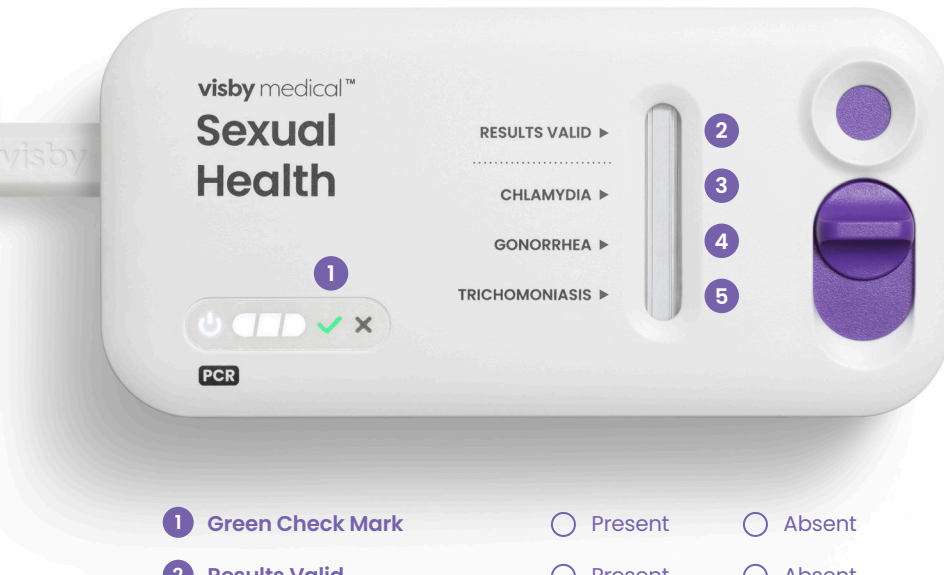


## Visby Results

Record your patient's test results and patient information below



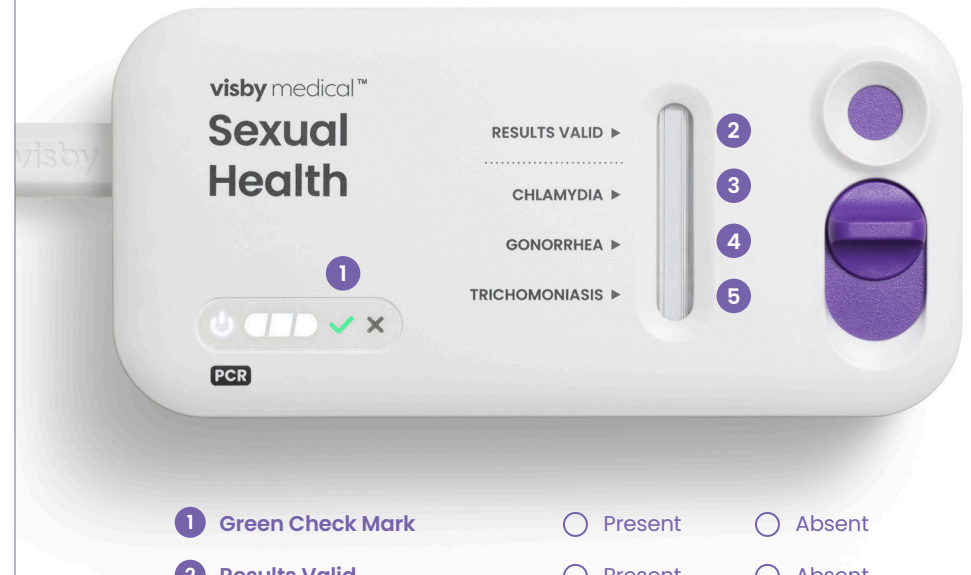
- |                    |                               |                              |
|--------------------|-------------------------------|------------------------------|
| 1 Green Check Mark | <input type="radio"/> Present | <input type="radio"/> Absent |
| 2 Results Valid    | <input type="radio"/> Present | <input type="radio"/> Absent |
| 3 Chlamydia        | <input type="radio"/> Present | <input type="radio"/> Absent |
| 4 Gonorrhea        | <input type="radio"/> Present | <input type="radio"/> Absent |
| 5 Trichomoniasis   | <input type="radio"/> Present | <input type="radio"/> Absent |

Date	/	/2023	Time	AM / PM
Patient ID or Patient Label				
Operator ID				
Device Lot #	Expiration Date	/	/ 23 or 24	Room
Comments				

PL-000218-A

## Visby Results

Record your patient's test results and patient information below



- |                    |                               |                              |
|--------------------|-------------------------------|------------------------------|
| 1 Green Check Mark | <input type="radio"/> Present | <input type="radio"/> Absent |
| 2 Results Valid    | <input type="radio"/> Present | <input type="radio"/> Absent |
| 3 Chlamydia        | <input type="radio"/> Present | <input type="radio"/> Absent |
| 4 Gonorrhea        | <input type="radio"/> Present | <input type="radio"/> Absent |
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Date	/	/2023	Time	AM / PM
Patient ID or Patient Label				
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Comments				

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