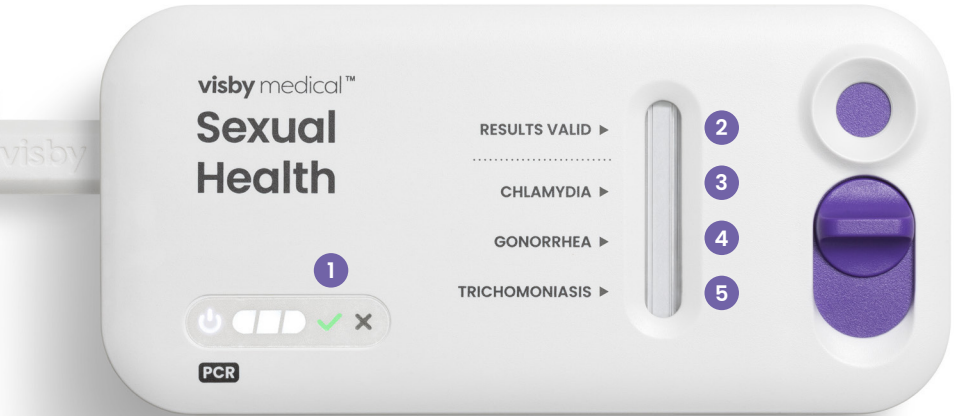


# Visby Results

Record your patient's test results and patient information below



1 Green Check Mark

2 Results Valid

3 Chlamydia

4 Gonorrhea

5 Trichomoniasis

Present

Present

Present

Present

Present

Absent

Absent

Absent

Absent

Absent

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