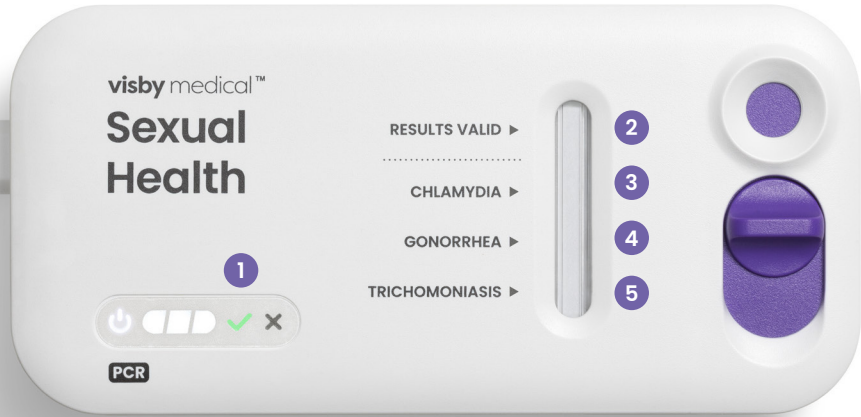


# Visby Results

Record your patient's test results and patient information below

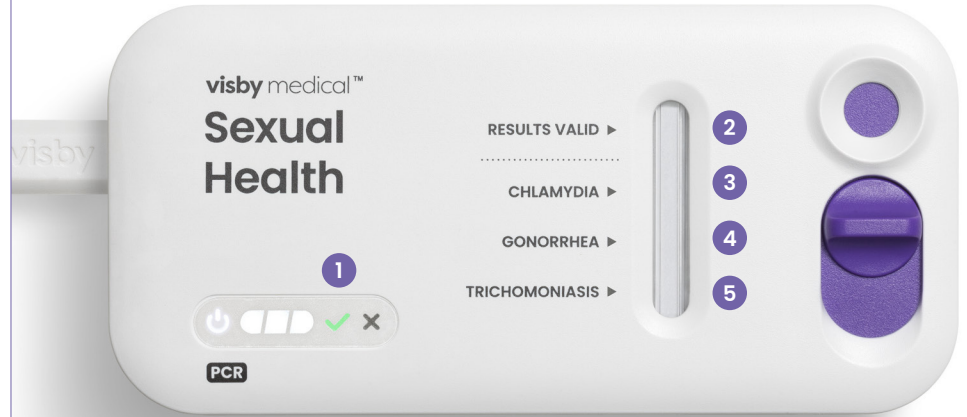


- 1 Green Check Mark  Present  Absent
- 2 Results Valid  Present  Absent
- 3 Chlamydia  Present  Absent
- 4 Gonorrhea  Present  Absent
- 5 Trichomoniasis  Present  Absent

Date	/	/24 or 25	Time	AM / PM
Patient ID or Patient Label				
Operator ID				
Device Lot #	Expiration Date	/	/24 or 25	Room
Comments				

# Visby Results

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