



**ROBERT WOOD JOHNSON
MEDICAL SCHOOL**
University of Medicine & Dentistry of New Jersey

University Diagnostic Laboratories
Point of Care Location
New Brunswick, NJ 08901

MONTH/YEAR: December, 2004

- **New Jersey Department Of Health** -

B112 SURVEY - RESULT FORM

Vaginal Wet Prep Master List

If organisms are present, checkoff an identification that indicates their presence.
Select **ONLY** one observation per specimen

Observation	Specimen #1	Specimen #2
No Yeast, Trichomonas, Clue Cells Observed		
Yeast Observed		
<i>Trichomonas</i> Observed		
Clue Cells Observed		

SLIDES ARE AVAILABLE AT: [Vaginal Wet Prep Survey B112](#)

IMPORTANT ATTESTATION:

Recognizing that some special handling may be required due to the nature of proficiency testing materials, I have as closely as is practical, performed the analyses on these specimens in the same manner as regular patient specimens.

NAME:

Signature:

FACILITY: