



Government of the Republic of Trinidad and Tobago  
Ministry of Health

# Queen's Park Counselling Centre and Clinic (QPCC&C)

## National Venereal Disease Research Laboratory Test (VDRL) Form

This form is to be completed in  
DUPLICATE and in BLOCK LETTERS ONLY

THIS BOX IS FOR QPCC&C USE ONLY  
Affix results' stamps here

NAME .....

ADDRESS ..... Clinic Number .....

SAMPLE SUBMITTED: BLOOD  CEREBROSPINAL FLUID (CSF)   
Reason for Test: Symptoms (diagnostic)  Routine  Treatment Control  Occupational Health  Other

Previous Treatment ..... Previous Test Date ..... Previous Test Titres .....  
Drug /Dosage

**PREGNANCY** Antenatal Screening? First  Second  Gestational Age ..... weeks  
**EMTCT PLUS** Stillbirth/Fetal death > 20 weeks and/or 500g  Last Menstrual Period ..... dd/mm/yyyy

**Patient Consent (VERBAL)**  
I agree  I do not agree  to be contacted on (phone number) ..... OR ..... if it is necessary to  
arrange a confidential meeting for test results. **OK to CALL?** Yes  No   
*(Spanish) Consiento a que me llamen al numero de arriba, si fuese necesario arreglar una entrevista confidencial por los resultados del test*

HEALTH FACILITY...../.....RHA REQUESTED BY .....  
& Phone..... (to contact if results positive ) NAME AND DESIGNATION .....

Date of Test ..... SIGNATURE .....

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BLOOD <input type="radio"/> CSF <input type="radio"/>			<b>QPCC&amp;C REPORT</b> (AFFIX RESULTS' STAMPS IN BOX ABOVE)		
<b>Lab No</b>		<b>VDRL</b>		<b>TPPA</b>	
Test not done/Tube Broken <input type="radio"/>		Non - Reactive <input type="radio"/>		Non - Reactive <input type="radio"/>	
Haemolyzed <input type="radio"/>	Lab accident <input type="radio"/>	Weakly Reactive <input type="radio"/>		Reactive <input type="radio"/>	
Insufficient for testing <input type="radio"/>	Other <input type="radio"/>	Reactive <input type="radio"/>		<b>QPCC &amp; C STAFF</b> • patient contacted ? Y <input type="radio"/> N <input type="radio"/> • health facility contacted ? Y <input type="radio"/> N <input type="radio"/>	
		dils=			

Authorizing Signature ..... DATE OF REPORT .....  
(QPCC&C) DD MM YYYY