

MR #

DOB



BASSETT HEALTHCARE NETWORK
Cooperstown, NY 13326-1394

NAME

POINT OF CARE VAGINAL KOH PREP
H-8510 9/08;11/12;10/14;3/15;12/17;4/19 (d:\forms\hosp\ofm)

DATE

BASSETT HEALTHCARE NETWORK

Location/Health Center _____

Address: _____

Test Date: _____ Test Time: _____ Tech Initials: _____

KOH Result:

- No yeast/hyphal elements seen
- Hyphal elements seen
- Yeast seen

KOH Reagent Lot#:

KOH Reagent Expiration Date

Quant:

- Rare
- Few
- Moderate
- Many

Reference Range:

No fungus or yeast seen

Provider Order

Signature: _____ Provider #: _____ Date: _____ Time: _____

Provider Review

Signature: _____ Provider #: _____ Date: _____ Time: _____

POINT OF CARE KOH Prep