**Documentation of Pregnancy Testing**

**-or-**

 **Determination that Pregnancy Testing Is Not Required**

|  |  |
| --- | --- |
| Participant ID #: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Participant Age: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Study Visit: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Pregnancy Test Completed: | [ ]  Yes [ ]  No |
| If Yes, complete the following:  | Date of test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of Test  | [ ]  Urine [ ]  Blood |
| Test Result  | [ ]  Negative [ ]  Positive  |
| Tests Results Located: | [ ]  Attached [ ]  EMR [ ]  Other, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| If No Pregnancy Test, Reason | [ ]  Hysterectomy Date of hysterectomy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Post-Menopausal Date last menstrual period: \_\_\_\_\_\_\_\_\_\_\_\_Post-Menopausal(non-surgical) is at least 12 months after a woman's last period. |
|  | [ ]  Other Reason, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| Notes/Comments: |

Study Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(signature is required even if pregnancy test not done)