**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)