

Site Number:  
Date of Visit:  
Person Completing Form:

Participant ID:  
Participant Letters:

**A. Two Week Post Positive EBVPCR Confirmatory Testing**

1. What was the participant's EBVIGG result at screening?
2. What is the date of the visit where the subject tested positive for EBVPCR?
  - a. When did you learn of the positive EBVPCR result?
3. When was the two confirmatory testing done?

Seronegative     Seropositive

\_\_\_/\_\_\_/\_\_\_  
DAY    MONTH    YEAR

\_\_\_/\_\_\_/\_\_\_  
DAY    MONTH    YEAR

\_\_\_/\_\_\_/\_\_\_  
DAY    MONTH    YEAR