

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