LXR•TEST™
Response Form
LXR-225-8
Side 2

NAME (last name first)

ID NUMBER

C5 C6 C7 C8

SECTION 3

	T	F
1	A	B C D E
2	A	B C D E
3	A	B C D E
4	A	B C D E
5	A	B C D E
6	A	B C D E
7	A	B C D E
8	A	B C D E
9	A	B C D E
10	A	B C D E
11	A	B C D E
12	A	B C D E
13	A	B C D E
14	A	B C D E
15	A	B C D E
16	A	B C D E
17	A	B C D E
18	A	B C D E
19	A	B C D E
20	A	B C D E
21	A	B C D E
22	A	B C D E
23	A	B C D E
24	A	B C D E
25	A	B C D E

SECTION 4

1	2	3	4

5	6	7	8

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