

**WOMEN'S INTERAGENCY HIV STUDY
HPV RESULTS BY PCR FROM CERVICO-VAGINAL LAVAGE SAMPLE
FORM C52**

WIHS SUBJECT ID#:

VISIT #:

LAB ID #:

INITIALS:

VERSION DATE: **08/01/95**

LABORATORY LOCATION: San Francisco 1
New York.....2

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. SAMPLE DATE: M / D / Y

A2. DATE RECEIVED: M / D / Y

A3. DATE PROCESSED: M / D / Y

A4. BLOT NUMBER:

A5. SAMPLE SUFFICIENT FOR PCR?: YES.....1
NO..... 2 (END)

A6. SAMPLE BLOODY?: YES.....1
NO..... 2

A7. GLOBIN AMPLIFICATION?: YES.....1
NO..... 2

A8. HPV RESULTS BY GENERIC PROBE?: HPV PRESENT.....1
HPV ABSENT..... 2 (END)
UNSATISFACTORY..... 3 (END)

A9. DOT BLOT RESULTS:

SIGNAL STRENGTH

a. HPV TYPE	__ __	1+	2+	3+	4+	5+
b. HPV TYPE	__ __	1+	2+	3+	4+	5+
c. HPV TYPE	__ __	1+	2+	3+	4+	5+
d. HPV TYPE	__ __	1+	2+	3+	4+	5+
e. HPV TYPE	__ __	1+	2+	3+	4+	5+
f. HPV TYPE	__ __	1+	2+	3+	4+	5+
g. HPV TYPE	__ __	1+	2+	3+	4+	5+
h. HPV TYPE	__ __	1+	2+	3+	4+	5+
i. HPV TYPE	__ __	1+	2+	3+	4+	5+
j. HPV TYPE	__ __	1+	2+	3+	4+	5+
k. HPV TYPE	__ __	1+	2+	3+	4+	5+
l. HPV TYPE	__ __	1+	2+	3+	4+	5+