WOMEN'S INTERAGENCY HIV STUDY CARDIOVASCULAR SUBSTUDY FASTING BLOOD SPECIMEN COLLECTION FORM (CV29)										
ID LABEL   _  -  _    -  _    -  _   WIHS VISIT #:  FORM COMPLETED BY:    HERE>										
VERSION DATE 04/01/06										
THIS FORM SHOULD ONLY BE USED FOR PARTICIPANTS ENROLLED IN THE CARDIOVASCULAR STUDY WHO ATTEND A SPECIAL FASTING VISIT FOR THE COLLECTION OF LIPID AND GLUCOSE SPECIMENS.										
A. PARTICIPANT'S FASTING STATUS										
A1.	DATE BLOOD DRAWN: / / / /									
A2.	TIME BLOOD DRAWN:    AM1    PM2									
A3.	When was the last date and time you had anything to eat or drink other than water? It is very important that you tell me when you last had <b>anything to eat or drink other than water</b> , even gum or coffee.									
	a. DATE: ///  b. TIME:  :    AM1    M  D  Y  b. TIME:   PM1									
A4.	<b>INTERVIEWER</b> : WAS PARTICIPANT FASTING FOR BLOOD DRAW, I.E., DID SHE HAVE <b>NOTHING</b> TO EAT OR DRINK OTHER THAN WATER FOR AT LEAST EIGHT HOURS PRIOR TO BLOOD DRAW?									
	FASTING									
<b>B. CENTRIFUGE INFORMATION</b>										
B2.	PHLEBOTOMIST'S INITIALS									
B3.	WERE GOLD OR TIGER-TOP SST TUBES CENTRIFUGED IN THE CLINIC (i.e., PRIOR TO SENDING TO THE LAB FOR PROCESSING)?									
	YES									
B4.	TIME TUBES CENTRIFUGED:     :     AM1    PM2									

## C. BLOOD DRAW (LISTED IN ORDER OF CORRECT BLOOD DRAW)

	TEST TYPE	<u>TUBE TYPE</u>	WHOLE BLOOD <u>VOLUME</u>	a.) SPECIMEN <u>COLLECTED</u>		b.)REQUIRED VOLUME <u>COLLECTED</u>		c.) ESTIMATED VOLUME <u>COLLECTED</u>	
C1.	TC, HDL-C, TRIG, dLDL-C, insulin*	Gold or Tiger-top SST (10 ml size)	8.5 ml	<u>YES</u> 1	<u>NO</u> 2	<u>N/A</u> 3*	<u>YES</u> 1 (C4)	<u>NO</u> 2	mls.
		IF NO, SPECIFY REASON		i					
C4.	Glucose*	Gray-Top (3 ml size)	2.5 ml	1	2	3*	1 (END)	2	mls.
		IF NO, SPECIFY REASON		i					

## \* IF THE PARTICIPANT IS FASTING AT THE CORE VISIT THEN RECORD COLLECTION OF THESE TUBES ON F29, NOT CV29.