WOMEN'S INTERAGENCY HIV STUDY CARDIOVASCULAR SUBSTUDY FASTING BLOOD SPECIMEN COLLECTION FORM (CV29)

ID LA HERI	\BEL	_ _ - WIHS VISIT #: FORM COMPLETED BY:									
VERS	ION DATE 10/14/04										
THIS	FORM SHOULD ONLY BE US	ED FOR PARTICIPANTS ENROLLED IN THE CARDIOVASCULAR STUDY.									
	4	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 anything to eat or drink other than water , even gum or coffee.										
	a. DATE:/	b. TIME: : AM1 PM2									
A4.	A4. INTERVIEWER : WAS PARTICIPANT FASTING FOR BLOOD DRAW, I.E., DID SHE HAVE NOTHING TO DOT DRINK OTHER THAN WATER FOR AT LEAST EIGHT HOURS PRIOR TO BLOOD DRAW?										
	FASTING NOT FASTING										
		B. CENTRIFUGE INFORMATION									
B1.	WHEN WAS THE FASTING CA	RDIOVASCULAR SUBSTUDY DRAW COMPLETED?									
	At Ultrasound v At Quality Cont At special Cardi	Ultrasound visit 1 sit 2 ol Ultrasound visit 3 ovascular Substudy blood collection visit 4 5 5									
B2.	PHLEBOTOMIST'S INITIALS										
В3.	WERE GOLD OR TIGER-TOP SST TUBES CENTRIFUGED IN THE CLINIC (i.e., PRIOR TO SENDING TO THE FOR PROCESSING)?										
		YES									
B4.	TIME TUBES CENTRIFUGED:	:									

B5.		LIPOPROTEIN LA' OR PROCESSING)	VENDER-TO	OP TUBE (CENTRIFU	JGED II	N THE CLINIC	C (i.e., PR	IOR TO SENDING		
	YES NO										
N/A (Not drawn this date)											
B6.	TIME TUBES C	:				AM1 PM2					
C. BLOOD DRAW (LISTED IN ORDER OF CORRECT BLOOD DRAW)											
	TEST TYPE	TUBE TYPE	WHOLE BLOOD VOLUME	a.) SPECIMEN COLLECTED			b.)REQUIRED VOLUME COLLECTED		c.) ESTIMATED VOLUME <u>COLLECTED</u>		
C1	TC UDI C TDIC	G 11 T	0.5.1	YES	NO 2	N/A	YES	NO 2			
C1.	TC, HDL-C, TRIG, dLDL-C, insulin*	Gold or Tiger-top SST (10 ml size)	8.5 ml	1	2	3*	1 (C2)	2	mls.		
		IF NO, SPECIFY REASON		i							
C2.	Novel CVD Assay	Gold or Tiger-top SST (10 ml size)	8.5 ml	1	2		1 (C3)	2	_ mls.		
		IF NO, SPECIFY REASON		i							
C3.	NMR Lipoprotein	Lavender-Top (3 ml size)	2.5 ml	1	2		1 (C4)	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							

WIHS ID#

^{*} IF THE PARTICIPANT IS FASTING AT THE CORE VISIT AND ENROLLS INTO THE CARDIOVASCULAR SUBSTUDY THEN RECORD COLLECTION OF THESE TUBES ON F29, NOT CV29.