

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

ID LABEL  
HERE --->

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WIHS VISIT #:

FORM COMPLETED BY:

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VERSION DATE **10/14/04**

THIS FORM SHOULD ONLY BE USED FOR PARTICIPANTS ENROLLED IN THE CARDIOVASCULAR STUDY.

**A. PARTICIPANT'S FASTING STATUS**

A1. DATE BLOOD DRAWN:                          /     /      
M                      D                      Y

A2. TIME BLOOD DRAWN:                      |\_|\_| : |\_|\_|                      AM.....1  
PM.....2

A3. ¿Cuándo fue la última vez que comió o bebió algo que no fuera agua? Es muy importante que me diga cuándo fue la última vez que comió o bebió algo que no fuera agua, aún si fue goma de mascar o café.

a. DATE:     /     /                          b. TIME: |\_|\_| : |\_|\_|                      AM.....1  
M                      D                      Y                      PM.....2

A4. **INTERVIEWER:** WAS PARTICIPANT FASTING FOR BLOOD DRAW, I.E., DID SHE HAVE **NOTHING** TO EAT OR DRINK OTHER THAN WATER FOR AT LEAST EIGHT HOURS PRIOR TO BLOOD DRAW?

FASTING ..... 1  
NOT FASTING ..... 2

**B. CENTRIFUGE INFORMATION**

B1. WHEN WAS THE FASTING CARDIOVASCULAR SUBSTUDY DRAW COMPLETED?

- CORE, prior to Ultrasound visit ..... 1
- At Ultrasound visit ..... 2
- At Quality Control Ultrasound visit ..... 3
- At special Cardiovascular Substudy blood collection visit ..... 4
- CORE visit ..... 5

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 ..... 1
- NO ..... 2 **(B5)**
- N/A (Not drawn this date) ..... 3 **(B5)**

B4. TIME TUBES CENTRIFUGED:                      |\_|\_| : |\_|\_|                      AM..... 1  
PM..... 2

