

WOMEN'S INTERAGENCY HIV STUDY

PLASMA AND CELL SEPARATION AND FREEZING FORM

FORM 10

ID LABEL HERE --->  -  -  -

VISIT #: \_\_\_\_\_  
FORM COMPLETED BY: \_\_\_\_\_

VERSION DATE **08/15/94**

**ANY MISSING INFORMATION MUST BE EXPLAINED ON THIS FORM**

- A1. DATE CPT TUBES DRAWN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y
- A2. DATE CPT TUBES RECEIVED IN LAB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y
- A3. TIME CPT TUBES RECEIVED IN LAB: \_\_\_\_\_ : \_\_\_\_\_ AM .....1  
PM.....2
- A4. WERE TUBES CENTRIFUGED PRIOR TO RECEIPT IN LAB (I.E., IN CLINIC): YES .....1 (A6)  
NO.....2
- A5. DATE TUBES CENTRIFUGED IN LAB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y
- a. TIME: \_\_\_\_\_ : \_\_\_\_\_ AM .....1  
PM.....2
- A6. PLASMA SEPARATION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y
- a. TIME: \_\_\_\_\_ : \_\_\_\_\_ AM .....1  
PM.....2
- A7. PLASMA FROZEN DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y
- a. TIME: \_\_\_\_\_ : \_\_\_\_\_ AM .....1  
PM.....2
- A8. TOTAL VOLUME OF PLASMA FROZEN: \_\_\_\_\_ . \_\_\_\_\_ ml
- A9. DATE CELLS (PBMCs) FROZEN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y
- a. TIME: \_\_\_\_\_ : \_\_\_\_\_ AM .....1  
PM.....2
- A10. TOTAL NUMBER OF CELLS FROZEN (in millions): \_\_\_\_\_ . \_\_\_\_\_ million
- A11. TOTAL VOLUME OF SERUM FROZEN: \_\_\_\_\_ . \_\_\_\_\_ ml