

SECTION B. BLOOD DRAW (LISTED IN ORDER OF PRIORITY)

| | <u>TEST TYPE</u> | <u>TUBE TYPE</u> | <u>VOLUME</u> | <u>a.) SPECIMEN COLLECTED</u> | | | <u>b.) REQUIRED VOLUME COLLECTED</u> | | <u>c.) ESTIMATED VOLUME COLLECTED</u> |
|------|--------------------------------|----------------------|---------------|-------------------------------|-----------|------------|--------------------------------------|-----------|---------------------------------------|
| | | | | <u>YES</u> | <u>NO</u> | <u>N/A</u> | <u>YES</u> | <u>NO</u> | |
| B1. | HIV Ab | Red-Top | 1-2 ml | 1 | 2 | 3* | 1 (B2) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B2. | CBC/Diff | Purple-Top | 2-5 ml | 1 | 2 | 3*** | 1 (B3) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B3. | T-Cell Subsets | Purple-Top | 2-5 ml | 1 | 2 | 3*** | 1 (B4) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B4. | Plasma & Cells Repository ** | CPT Tube | 8 ml | 1 | 2 | | 1 (B5) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B5. | Plasma & Cell Repository | CPT Tube | 8 ml | 1 | 2 | | 1 (B6) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B6. | Plasma & Cell Repository | CPT Tube | 8 ml | 1 | 2 | | 1 (B7) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B7. | Plasma & Cell Repository | CPT Tube | 8 ml | 1 | 2 | | 1 (B8) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B8. | Plasma & Cell Repository | CPT Tube | 8 ml | 1 | 2 | | 1 (B9) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B9. | Liver/Renal Function | Red-Top | 2-5 ml | 1 | 2 | | 1 (B10) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B10. | Insulin/Lipids Repository **** | Tiger-top SST | 5 ml | 1 | 2 | | 1 (B11) | 2 | _ _ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |

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|------|--------------------------------|--|---------------|-------------------------------|-----------|------------|--------------------------------------|-----------|---------------------------------------|
| | | | | <u>YES</u> | <u>NO</u> | <u>N/A</u> | <u>YES</u> | <u>NO</u> | |
| B11. | Hemoglobin A1c Repository **** | Purple-Top (pediatric) IF NO SPECIFY REASON | 2.5 ml | 1 | 2 | | 1 (B12) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| B12. | Glucose Repository **** | Gray-Top (3 ml size) IF NO SPECIFY REASON | 3 ml | 1 | 2 | | 1 (B13) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| B13. | Serum Repository | Red-Top IF NO SPECIFY REASON | 10 ml | 1 | 2 | | 1 (END) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |

- * Not required after visit one on HIV positive women
- ** Includes plasma to be used for viral quantification by RNA PCR
- *** For HIV-seronegative participants, collect annually on even visits only
- **** Collect on all participants, whether or not fasting.