

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

PROMPT: DO NOT collect tubes in gray-shaded areas if the participant is NOT FASTING.

	TEST TYPE	TUBE TYPE <i>(Tube Vol)</i>	WHOLE BLOOD VOLUME	a.) SPECIMEN COLLECTED			b.) REQUIRED VOLUME COLLECTED		c.) ESTIMATED VOLUME COLLECTED
				YES	NO	N/A	YES	NO	
C1.	HIV Ab*	Red-Top <i>(3 ml)</i> IF NO SPECIFY REASON	1-2 ml	1	2	3*	1 (C2)	2	_ _ mls.
				i. _____					
C2.	Liver/Renal Function	Red-Top or SST <i>(5 ml)</i> IF NO SPECIFY REASON	2-5 ml	1	2		1 (C3)	2	_ _ mls.
				i. _____					
C3.	Serum Repository	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C4)	2	_ _ mls.
				i. _____					
C4.	TC, HDL-C, TRIG, dLDL-C, insulin	Tiger-top SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C4a)	2	_ _ mls.
				i. _____					
C4a.	<i>Novel CVD Assay ‡</i>	<i>Gold or Tiger-top SST (10ml size)</i>	<i>If the participant is fasting, collect at this point in the draw but record collection on CV29.</i>						
C5.	Plasma & Cells Repository †	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C6)	2	_ _ mls.
				i. _____					
C6.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C7)	2	_ _ mls.
				i. _____					
C7.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C8)	2	_ _ mls.
				i. _____					
C8.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C9)	2	_ _ mls.
				i. _____					

WIHS ID #

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				YES	NO	N/A	YES	NO		
C9.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1	2		1 (C10)	2	_ _ mls.	
				i. _____						
C10.	CBC/Diff☼	Lavender-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1	2	3☼	1 (C11)	2	_ _ mls.	
				i. _____						
C11.	T-Cell Subsets ☼	Lavender-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1	2	3☼	1 (C12)	2	_ _ mls.	
				i. _____						
C12.	Hemoglobin A1c	Lavender-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1	2		1 (C12a)	2	_ _ mls.	
				i. _____						
C12a.	NMR Lipoprotein ‡	Lavendar-Top (3 ml)	If the participant is fasting, collect at this point in the draw but record collection on CV29.							
C13.	Glucose ‡	Gray-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1	2	3‡	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 at even visits only
- ‡ Do not collect on non-fasting participants