WOMEN'S INTERAGENCY HIV STUDY **F29: BLOOD SPECIMEN COLLECTION FORM**

VISIT #:

FORM COMPLETED BY:

ID LABEL

HER	> <u> </u>					
	SION DATE REVISED 04 / 01 / 06					
ANY	MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.					
COM NUM	OOD DRAW OCCURRED AT TWO DIFFERENT TIMES AND/OR DATES FOR THIS VISIT, PLETE THE INFORMATION REQUESTED IN SECTIONS A AND B, THEN INDICATE TOTAL BER OF TUBES COLLECTED DURING BOTH BLOOD DRAWS IN SECTION C. IF ONLY ONE DD DRAW OCCURRED, COMPLETE SECTION A AND PROCEED DIRECTLY TO SECTION C.					
A. FIRST BLOOD DRAW						
A1.	DATE BLOOD DRAWN: / / Y					
A2.	TIME BLOOD DRAWN: _ :					
A3.	PHLEBOTOMIST'S INITIALS					
A4.	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: : AM					
A5.	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?					
	FASTING1 NOT FASTING2					
A6.	WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)? YES					
A7.	TIME CPT TUBES CENTRIFUGED: AM 1 PM 2					
A8.	WAS GOLD OR TIGER-TOP SST TUBE FOR METABOLIC PANEL (TC, HDL-C, TRIG, LDL-C, insulin) CENTRIFUGED IN CLINIC WITHIN 1 HOUR OF COLLECTION; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?					
	YES					
A9.	TIME TUBES CENTRIFUGED: : AM 1 PM 2					

A10.	WAS BLOOD DRAWN ON A SECOND DATE FOR THIS VISIT?							
	YES1							
	NO							
	B. SECOND BLOOD DRAW (if necessary)							
PROM	MPT: IF SECOND BLOOD DRAW IS PERFORMED, COMPLETE A SECOND F29a FORM PRIOR TO BLOOD DRAW.							
B1.	DATE OF SECOND BLOOD DRAW: / / Y							
B2.	TIME OF SECOND BLOOD DRAW: _ :							
B3.	PHLEBOTOMIST'S INITIALS							
B4.	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: : AM							
B5.	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							
B6.	WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?							
	YES							
B7.	TIME CPT TUBES CENTRIFUGED: AM 1 PM 2							
B8.	WAS GOLD OR TIGER-TOP SST TUBE FOR METABOLIC PANEL (TC, HDL-C, TRIG, LDL-C, insulin) CENTRIFUGED IN CLINIC WITHIN 1 HOUR OF COLLECTION; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?							
	YES							
B9.	TIME TUBES CENTRIFUGED: : AM 1 PM 2							

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

PROMPT: FOR TUBES SHADED IN GRAY, COLLECT BLOOD ONLY IF THE PARTICIPANT IS FASTING. TEST TYPE TUBE TYPE (Tube Vol) BLOOD COLLECTED VOLUME VOLUME COLLECTED COLLECTED COLLECTED

	TEST TYPE	TUBE TYPE (Tube Vol)	WHOLE BLOOD <u>VOLUME</u>	a.) SPECIMEN <u>COLLECTED</u>		b.)REQUIRED VOLUME COLLECTED		c.) ESTIMATED VOLUME <u>COLLECTED</u>	
				<u>YES</u>	<u>NO</u>	N/A	<u>YES</u>	<u>NO</u>	
C10.	CBC/Diff ☆	Lavender-Top (3 ml) IF NO SPECIFY	2.5 ml	1	2	3☆	1 (C11)	2	mls.
		REASON		i					
C11.	T-Cell Subsets ☼	Lavender-Top (3 ml) IF NO SPECIFY	2.5 ml	1	2	3☆	1 (C13)	2	_ mls.
		REASON		i					
C13.	Glucose ‡	Gray-Top (3 ml)	2.5 ml	1	2	3‡	1 (END)	2	_ mls.

IF NO SPECIFY **REASON**

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Not required after visit one on HIV positive women.

Collect at odd visits only, unless participant missed last odd visit, then collect at even visit subsequent to missed odd visit. Specimen should be collected regardless of whether or not participant is fasting.

[†] ⇔ Includes plasma to be used for viral quantification by RNA PCR.

For HIV-seronegative participants, collect annually at even visits only.

Collect at odd visits only, unless participant missed last odd visit, then collect at even visit subsequent to missed odd visit. Specimen should be collected only if participant is fasting.