

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

ID LABEL HERE --->  -  -  -

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

VERSION DATE REVISED **04/01/06**

**ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.**

**IF BLOOD DRAW OCCURRED AT TWO DIFFERENT TIMES AND/OR DATES FOR THIS VISIT, COMPLETE THE INFORMATION REQUESTED IN SECTIONS A AND B, THEN INDICATE TOTAL NUMBER OF TUBES COLLECTED DURING BOTH BLOOD DRAWS IN SECTION C. IF ONLY ONE BLOOD DRAW OCCURRED, COMPLETE SECTION A AND PROCEED DIRECTLY TO SECTION C.**

**A. FIRST BLOOD DRAW**

A1. DATE BLOOD DRAWN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

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

A3. PHLEBOTOMIST'S INITIALS \_\_\_\_\_

A4. ¿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

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?

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

A6. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?

YES ..... 1  
NO ..... 2 (A8)  
N/A (Not drawn this date) ..... 3 (A8)

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 ..... 1  
NO ..... 2 (A10)  
N/A (Not drawn this date) ..... 3 (A10)

A9. TIME TUBES CENTRIFUGED: \_\_\_\_\_ : \_\_\_\_\_ AM ..... 1  
PM ..... 2

A10. WAS BLOOD DRAWN ON A SECOND DATE FOR THIS VISIT?

YES ..... 1  
 NO..... 2 **(SECTION C)**

**B. SECOND BLOOD DRAW** (if necessary)

**PROMPT: IF SECOND BLOOD DRAW IS PERFORMED, COMPLETE A SECOND F29a FORM PRIOR TO BLOOD DRAW.**

B1. DATE OF SECOND BLOOD DRAW:     /     /      
M D Y

B2. TIME OF SECOND BLOOD DRAW: | | | : | | | AM ..... 1  
PM ..... 2

B3. PHLEBOTOMIST'S INITIALS            

B4. ¿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

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

B6. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?

YES ..... 1  
 NO..... 2 **(B8)**  
 N/A (Not drawn this date)..... 3 **(B8)**

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 ..... 1  
 NO..... 2 **(SECTION C)**  
 N/A (Not drawn this date)..... 3 **(SECTION C)**

B9. TIME TUBES CENTRIFUGED: | | | : | | | AM..... 1  
PM ..... 2

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

**PROMPT: FOR TUBES SHADED IN GRAY, COLLECT BLOOD ONLY IF THE PARTICIPANT IS FASTING.**

	<u>TEST TYPE</u>	<u>TUBE TYPE</u> <i>(Tube Vol)</i>	<u>WHOLE BLOOD 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>	
C1.	HIV Ab *	Red-Top <i>(3 ml)</i> IF NO SPECIFY REASON	1-2 ml	1	2	3*	1 (C2)	2	mls.
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.
C3.	Serum Repository	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C4)	2	mls.
C4.	TC, HDL-C, TRIG, LDL-C, insulin ♣	Tiger-top SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2	3♣	1 (C5)	2	mls.
C5.	Plasma & Cells Repository †	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C6)	2	mls.
C6.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C7)	2	mls.
C7.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C8)	2	mls.
C8.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C9)	2	mls.
C9.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C10)	2	mls.

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	<u>TEST TYPE</u>	<u>TUBE TYPE</u> <i>(Tube Vol)</i>	<u>WHOLE BLOOD 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>	
C10.	CBC/Diff ☼	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3☼	1 (C11)	2	_ _  mls.
				i. _____					
C11.	T-Cell Subsets ☼	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3☼	1 (C13)	2	_ _  mls.
				i. _____					
C13.	Glucose ‡	Gray-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3‡	1 (END)	2	_ _  mls.
				i. _____					

- \* 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.