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

ID LA HERE		_ _ - _	VISIT #:	FORM COMPLETED BY:		
VERS	SION DATE REVISED 10	/ 01 / 08				
ANY	MISSING OR INCOMPLE	TE TEST RESULT	S MUST BE E	XPLAINED 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 BLOC	DD DRAW			
A1.	DATE BLOOD DRAWN:	/				
A2.	TIME BLOOD DRAWN:	_ : _		AM 1 PM 2		
A3.	PHLEBOTOMIST'S INITIAL		_			
A4.	When was the last date and tin you tell me when you last had			er than water? It is very important that water, even gum or coffee.		
	a. DATE://	/Y	b. TIME:	: AM 1 PM 2		
A5.	INTERVIEWER: WAS PAR NOTHING TO EAT OR DRI BLOOD DRAW?			PRAW, I.E., DID SHE HAVE LEAST EIGHT HOURS PRIOR TO		
	FASTINGNOT FASTING					
A6.	WERE CPT TUBES CENTRI PROCESSING)?					
		YES NO N/A (Not drawn this		2 (A8)		
A7.	TIME CPT TUBES CENTRIF	FUGED:	_ :	AM 1 PM 2		
A8.		CLINIC WITHIN 1 HO		EL (TC, HDL-C, TRIG, LDL-C, CTION; (i.e., PRIOR TO SENDING		
		YES NO N/A (Not drawn this		2 (A10)		
A9.	TIME TUBES CENTRIFUGE	ED:	:	AM 1 PM 2		

A10.	WAS BLOOD DRAWN ON A SECOND DATE FOR THIS VISIT?						
	YES1						
	NO						
	B. SECOND BLOOD DRAW (if necessary)						
PRO	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: _ : AM						
В3.	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 WHOLE a.) SPECIMEN b.)REQUIRED c.) ESTIMATED (Tube Vol) **BLOOD VOLUME VOLUME COLLECTED VOLUME** COLLECTED **COLLECTED YES** NO N/A **YES** <u>NO</u> C1. HIV Ab * Red-Top 1-2 ml 1 2 3* 1 (C2) 2 __|__| mls. (3 ml) IF NO SPECIFY **REASON** Liver/Renal 1 C2. Red-Top or SST 2-5 ml 2 1 (C3) 2 ___ mls. Function (5 ml)IF NO SPECIFY REASON C3. Serum Red-Top or SST 8.5 ml 1 2 1 (C4) 2 | | | mls. Repository (10 ml)IF NO SPECIFY REASON C4. TC, HDL-C, TRIG, Tiger-top SST 8.5 ml 1 2 3**.** 1 (C5) 2 ___ mls. LDL-C, insulin & (10 ml)IF NO SPECIFY REASON C5. **CPT Tube** 1 2 Plasma & Cells 8 ml 1 (C6) 2 | | mls. Repository (10 ml)IF NO SPECIFY REASON 2 C6. Plasma & Cell **CPT Tube** 8 ml 1 2 1 (C7) | | mls. Repository (10 ml)IF NO SPECIFY REASON C7. Plasma & Cell CPT Tube 8 ml 1 2 1 (C8) 2 ___ mls. Repository (10 ml)IF NO SPECIFY **REASON** C8. Plasma & Cell 1 2 1 (C9) CPT Tube 8 ml 2 ___ mls. Repository (10 ml)IF NO SPECIFY **REASON** C9. Plasma & Cell CPT Tube 8 ml 1 2 1 (C10) 2 | | mls. Repository (10 ml)IF NO SPECIFY

REASON

Г	WIHS ID#								
	TEST TYPE	TUBE TYPE (Tube Vol)	WHOLE BLOOD <u>VOLUME</u>	a.) SPECIMEN <u>COLLECTED</u>		b.)REQUIRED VOLUME COLLECTED		c.) ESTIMATED VOLUME COLLECTED	
				<u>YES</u>	<u>NO</u>	N/A	<u>YES</u>	<u>NO</u>	
C10.	CBC/Diff ☆	Lavender-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1 i.	2	3☆	1 (C11)	2	_ mls.
C11.	T-Cell Subsets 🌣	Lavender-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1 i.	2	3☆	1 (C12)	2	mls.
C12.	EDTA Plasma †	Lavender-Top (6 ml) IF NO SPECIFY	5-6 ml	1	2	3	1 (C13)	2	mls.

REASON

Gray-Top

(3 ml) IF NO SPECIFY REASON

C13.

Glucose ‡

2

3‡

1 (END)

2

| | mls.

2.5 ml

^{*} Not required after visit one on HIV positive women.

Collect <u>once every two years only</u>, beginning after visit 27 (i.e., at visits 31 and 35). 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 <u>once every two years only</u>, beginning after visit 27 (i.e., at visits 31 and 35). Specimen should be collected only if participant is fasting.