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

VISIT #:

FORM COMPLETED BY:

ID LABEL

HER	
	SION DATE REVISED 10 / 01 / 08
<u>ANY</u>	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 <b>anything to eat or drink other than water</b> , even gum or coffee.
	a. DATE: / / / b. TIME:   :  :    AM
A5.	<b>INTERVIEWER</b> : WAS PARTICIPANT FASTING FOR BLOOD DRAW, I.E., DID SHE HAVE <b>NOTHING</b> 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)									
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 <b>anything to eat or drink other than water</b> , even gum or coffee.									
	a. DATE:/ b. TIME:   :   AM									
B5.	<b>INTERVIEWER</b> : WAS PARTICIPANT FASTING FOR BLOOD DRAW, I.E., DID SHE HAVE <b>NOTHING</b> 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.

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	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>	
C1.	HIV Ab *	Red-Top (3 ml) IF NO SPECIFY	1-2 ml		2	3*	1 (C2)	2	_   mls.
		REASON		i					
C2.	Liver/Renal Function	Red-Top or SST (5 ml) IF NO SPECIFY REASON	2-5 ml	1 i.	2		1 (C3)	2	_  mls.
C3.	Serum Repository	Red-Top or SST (10 ml) IF NO SPECIFY REASON	8.5 ml	1 i	2		1 (C4)	2	mls.
C4.	TC, HDL-C, TRIG, LDL-C, insulin &	Tiger-top SST (10 ml) IF NO SPECIFY REASON	8.5 ml	1 i	2	3 <b>.</b>	1 (C5)	2	mls.
C5.	Plasma & Cells Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1 i	2		1 (C6)	2	mls.
C6.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1 i.	2		1 (C7)	2	mls.
C7.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1 i	2		1 (C8)	2	mls.
C8.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1 i	2		1 (C9)	2	mls.
C9.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1 i	2		1 (C10)	2	mls.

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			YES NO N/A	YES NO	

		(Tube Voi)	VOLUME	COLLECTED		COLLECTED		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 REASON	5-6 ml	1 i	2	3	1 (C13)	2	mls.
C13.	Glucose ‡	Gray-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1 i	2	3‡	1 (END)	2	mls.

<sup>\*</sup> 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.

<sup>†</sup> Collect from HIV-seropositive participants only. 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.