

SPANISH VERSION WOMEN'S INTERAGENCY HIV STUDY F29: BLOOD SPECIMEN COLLECTION FORM
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VISIT #: FORM COMPLETED BY:

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

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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.

	<u>TEST TYPE</u>	<u>TUBE TYPE</u> (Tube Vol)	<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 (3 ml) IF NO SPECIFY REASON	1-2 ml	1	2	3*	1 (C2)	2	___ mls.
C2.	Liver/Renal Function	Red-Top or SST (5 ml) IF NO SPECIFY REASON	2-5 ml	1	2		1 (C3)	2	___ mls.
C3.	Serum Repository	Red-Top or SST (10 ml) IF NO SPECIFY REASON	8.5 ml	1	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	2	3♣	1 (C5)	2	___ mls.
C5.	Plasma & Cells Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1	2		1 (C6)	2	___ mls.
C6.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1	2		1 (C7)	2	___ mls.
C7.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1	2		1 (C8)	2	___ mls.
C8.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1	2		1 (C9)	2	___ mls.
C9.	Plasma & Cell Repository	CPT Tube (10 ml) IF NO SPECIFY REASON	8 ml	1	2		1 (C10)	2	___ mls.

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				<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	
C10.	CBC/Diff ☼	Lavender-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1	2	3☼	1 (C11)	2	_ _ mls.
C11.	T-Cell Subsets ☼	Lavender-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1	2	3☼	1 (C12)	2	_ _ mls.
C12.	EDTA Plasma†	Lavender-Top (6 ml) IF NO SPECIFY REASON	5-6 ml	1	2	3	1 (C13)	2	_ _ mls.
C13.	Glucose ‡	Gray-Top (3 ml) IF NO SPECIFY REASON	2.5 ml	1	2	3‡	1 (END)	2	_ _ mls.

* Not required after visit one on HIV positive women.

♣ Collect once every two years only, beginning after visit 27 (i.e., at visits 31 and 35). Specimen should be collected regardless of whether or not participant is fasting.

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