

SPANISH VERSION

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

ID LABEL HERE ---> [] - [] - [] - []

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE REVISED 10 / 01 / 11

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.

A0. DOES PARTICIPANT FALL INTO ANY OF THE FOLLOWING CATEGORIES:

a. ELITE CONTROLLER, I.E., AT CORE VISIT PRIOR TO CURRENT VISIT, DID PARTICIPANT HAVE UNDETECTABLE VIRAL LOAD AND WAS PARTICIPANT NOT ON ANTIRETROVIRALS?

YES 1
NO 2

PROMPT: IF A0a = YES, COLLECT TUBES LABELED FOR “VIPS,” I.E., TUBES C5, AND C12 – C14.

b. ART-NAÏVE AT FIRST ART/HAART VISIT:

a. WAS PARTICIPANT ART NAÏVE PRIOR TO THIS VISIT?

YES 1
NO 2 (A0c)

b. HAS PARTICIPANT STARTED ART/HAART SINCE HER LAST VISIT?

YES 1
NO 2

PROMPT: IF A0bii = YES, COLLECT TUBES LABELED FOR “VIPS,” I.E., TUBES C5, AND C12 – C14.

c. SEROCONVERTER, I.E., WAS PARTICIPANT IDENTIFIED AS A SEROCONVERTER AT HER LAST CORE VISIT?

YES 1
NO 2

PROMPT: IF A0c = YES, COLLECT TUBES LABELED FOR “VIPS,” I.E., TUBES C5, AND C12 – C14.

d. PARTICIPANT IN HPV SUBSTUDY?

YES 1
NO 2

PROMPT: IF A0d = YES, COLLECT TUBE LABELED FOR “HPV SUBSTUDY,” I.E., TUBE C18.

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, incluyendo goma de mascar, té o café?

a. DATE: ___M___ / ___D___ / ___Y___ b. TIME: |__| |__| : |__| |__| AM 1
 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: TUBES SHADED IN GRAY ARE FOR SUBSTUDIES AND WILL NOT BE COLLECTED FROM ALL PARTICIPANTS. SEE CHECKLIST IN A0 AND FOOTNOTES FOR DETAILS.

	<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 ^a	Red-Top <i>(3 ml)</i> IF NO SPECIFY REASON	1-2 ml	1	2	3 ^a	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 ^b	Tiger-top SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2	3 ^b	1 (C5)	2	_ _ mls.
C5.	Serum Repository for VIPs ^c	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2	3 ^c	1 (C6)	2	_ _ mls.
C6.	Serum for MSK Substudy ^d	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2	3 ^d	1 (C7)	2	_ _ mls.
C7.	Plasma & Cells 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>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	
C10.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C11)	2	_ _ mls.
				i. _____					
C11.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C12)	2	_ _ mls.
				i. _____					
C12.	Cell Repository for VIPs ^c	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 ^c	1 (C13)	2	_ _ mls.
				i. _____					
C13.	Cell Repository for VIPs ^c	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 ^c	1 (C14)	2	_ _ mls.
				i. _____					
C14.	Cell Repository for VIPs ^c	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 ^c	1 (C15)	2	_ _ mls.
				i. _____					
C15.	Cells for MSK Substudy ^d	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 ^d	1 (C16)	2	_ _ mls.
				i. _____					
C16.	Cells for MSK Substudy ^d	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 ^d	1 (C17)	2	_ _ mls.
				i. _____					
C17.	Cells for MSK Substudy ^d	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 ^d	1 (C18)	2	_ _ mls.
				i. _____					
C18.	Fresh blood for HPV Study ^e	Green-Top <i>(10 ml)</i> IF NO SPECIFY REASON	10 ml	1	2	3 ^e	1 (C19)	2	_ _ mls.
				i. _____					
C19.	CBC/Diff ^f	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 ^f	1 (C20)	2	_ _ mls.
				i. _____					

	<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>	
C20.	T-Cell Subsets ^f	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 ^f	1 (C21)	2	_ _ mls.
				i. _____					
C21.	EDTA Plasma ^g	Lavender-Top <i>(6 ml)</i> IF NO SPECIFY REASON	5-6 ml	1	2	3 ^g	1 (C22)	2	_ _ mls.
				i. _____					
C22.	HgA1c ^b	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 ^b	1 (C23)	2	_ _ mls.
				i. _____					
C23.	Glucose ^h	Gray-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 ^h	1 (END)	2	_ _ mls.
				i. _____					

^a Not required after visit one on HIV positive women.

^b Collect once per year only, at odd-numbered visits. Specimen should be collected regardless of whether or not participant is fasting.

^c Collect only from VIP participants, to be identified at the core visit from prior visit data.

^d Collect only from participants in the MSK Substudy, once at visits 35-38, and again at visits 39-42.

^e Collect only from participants in Howard Strickler's HPV substudy, to be shipped overnight to Landay laboratory.

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

^g Collect from HIV-seropositive participants only. Includes plasma to be used for viral quantification by RNA PCR.

^h Collect once per year only, at odd-numbered visits. Specimen should be collected only if participant is fasting.