

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

ID LABEL       -  -  -   
HERE --->

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

VERSION DATE REVISED 10/01/12

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

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  
N/A (participant HIV-) ..... 3

**PROMPT: IF A0a = YES, COLLECT TUBES LABELED "EVENT," I.E., TUBES C5, AND C12 – C14.**

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

i. WAS PARTICIPANT ART NAÏVE PRIOR TO THIS VISIT?

YES ..... 1  
NO ..... 2 (A0c)  
N/A (participant HIV-) ..... 3 (A0c)

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

YES ..... 1  
NO ..... 2

**PROMPT: IF A0bii = YES, COLLECT TUBES LABELED "EVENT," 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 "EVENT," 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.**

e. PARTICIPANT IN MUSKULOSKELTAL (MSK) SUBSTUDY?

YES ..... 1  
NO ..... 2

**PROMPT: IF A0e = YES, COLLECT TUBES LABELED FOR "MSK SUBSTUDY," I.E., TUBES C6, AND C15 – C17.**



**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 <sup>a</sup>	Red-Top <i>(3 ml)</i> IF NO SPECIFY REASON	1-2 ml	1	2	3 <sup>a</sup>	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 <sup>b</sup>	Tiger-top SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2	3 <sup>b</sup>	1 (C5)	2	_ _  mls.
C5.	Serum Repository EVENT <sup>c</sup>	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2	3 <sup>c</sup>	1 (C6)	2	_ _  mls.
C6.	Serum for MSK Substudy <sup>d</sup>	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2	3 <sup>d</sup>	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.

	<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.	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 EVENT <sup>c</sup>	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 <sup>c</sup>	1 (C13)	2	_ _  mls.
				i. _____					
C13.	Cell Repository EVENT <sup>c</sup>	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 <sup>c</sup>	1 (C14)	2	_ _  mls.
				i. _____					
C14.	Cell Repository EVENT <sup>c</sup>	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 <sup>c</sup>	1 (C15)	2	_ _  mls.
				i. _____					
C15.	Cells for MSK Substudy <sup>d</sup>	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 <sup>d</sup>	1 (C16)	2	_ _  mls.
				i. _____					
C16.	Cells for MSK Substudy <sup>d</sup>	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 <sup>d</sup>	1 (C17)	2	_ _  mls.
				i. _____					
C17.	Cells for MSK Substudy <sup>d</sup>	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2	3 <sup>d</sup>	1 (C18)	2	_ _  mls.
				i. _____					
C18.	Fresh blood for HPV Study <sup>e</sup>	Green-Top <i>(10 ml)</i> IF NO SPECIFY REASON	10 ml	1	2	3 <sup>e</sup>	1 (C19)	2	_ _  mls.
				i. _____					
C19.	CBC/Diff <sup>f</sup>	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 <sup>f</sup>	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 <sup>g</sup>	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 <sup>g</sup>	1 (C21)	2	_ _  mls.
				i. _____					
C21.	EDTA Plasma <sup>h</sup>	Lavender-Top <i>(6 ml)</i> IF NO SPECIFY REASON	5-6 ml	1	2	3 <sup>h</sup>	1 (C22)	2	_ _  mls.
				i. _____					
C22.	HgA1c <sup>b</sup>	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 <sup>b</sup>	1 (C23)	2	_ _  mls.
				i. _____					
C23.	Glucose <sup>i</sup>	Gray-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 <sup>i</sup>	1 (END)	2	_ _  mls.
				i. _____					

<sup>a</sup> Not required after visit one on HIV-seropositive women.

<sup>b</sup> Collect once per year only, at even-numbered visits. Specimen should be collected regardless of whether or not participant is fasting.

<sup>c</sup> Collect only from selected participants (i.e., elite controllers, ART/HAART initiators, seroconverters), to be identified at the core visit from prior visit data.

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

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

<sup>f</sup> For HIV-seronegative participants, collect annually at even-numbered visits only.

<sup>g</sup> Not required after visit one for HIV-seronegative women.

<sup>h</sup> Collect from HIV-seropositive participants only. Includes plasma to be used for viral quantification by RNA PCR.

<sup>i</sup> Collect once per year only, at even-numbered visits. Specimen should be collected only if participant is fasting.