

SPANISH VERSION

WOMEN'S INTERAGENCY HIV STUDY

F29r: BLOOD SPECIMEN COLLECTION FORM – NEW RECRUITS

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

VISIT #: FORM COMPLETED BY: [ ] [ ] [ ] [ ] [ ] [ ]

VERSION DATE REVISED 04/01/13

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

A. BLOOD DRAW

A1. DATE BLOOD DRAWN: [ ] [ ] / [ ] [ ] / [ ] [ ] M D Y

A2. TIME BLOOD DRAWN: [ ] [ ] : [ ] [ ] AM ..... 1 PM ..... 2

a. IS THIS PARTICIPANT'S FIRST OR SECOND BLOOD DRAW FOR THIS VISIT? FIRST ..... 1 SECOND ..... 2

A3. PHLEBOTOMIST'S INITIALS [ ] [ ] [ ]

A4. ¿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

A5. 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

A6. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?

YES ..... 1 NO ..... 2 (A8) N/A (Not drawn this date) ..... 3 (A8)

A7. TIME CPT 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 / WB	Red-Top <i>(3 ml)</i> IF NO SPECIFY REASON	1-2 ml	1	2		1 (C2)	2	mls.
C2.	Liver/Renal Function	Red-Top or SST <i>(3-5 ml)</i> IF NO SPECIFY REASON	2-4 ml	1	2		1 (C3)	2	mls.
C3.	TC, HDL-C, TRIG, LDL-C, insulin	Tiger-top SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C4)	2	mls.
C4.	Hepatitis B & C serology	Red-Top or SST <i>(5 ml)</i> IF NO SPECIFY REASON	4 ml	1	2		1 (C5)	2	mls.
C5.	RPR Syphilis <sup>a</sup>	Red-Top or SST <i>(3 ml)</i> IF NO SPECIFY REASON	2 ml	1	2	3	1 (C6)	2	mls.
C6.	Serum Repository (HCV RNA, etc.)	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C7)	2	mls.
C7.	Serum Repository (sex steroids)	Red-Top or SST <i>(5 ml)</i> IF NO SPECIFY REASON	4 ml	1	2		1 (C8)	2	mls.
C8.	Serum Repository	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C9)	2	mls.
C9.	Serum Repository	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 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.	Serum Repository	Red-Top or SST <i>(5 ml)</i> IF NO SPECIFY REASON	4 ml	1	2		1 (C11)	2	_ _  mls.
				i. _____					
C11.	Plasma & Cells Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C12)	2	_ _  mls.
				i. _____					
C12.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C13)	2	_ _  mls.
				i. _____					
C13.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C14)	2	_ _  mls.
				i. _____					
C14.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C15)	2	_ _  mls.
				i. _____					
C15.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C16)	2	_ _  mls.
				i. _____					
C17.	CBC/Diff	Lavender-Top <i>(pediatric)</i> IF NO SPECIFY REASON	2.5 ml	1	2		1 (C18)	2	_ _  mls.
				i. _____					
C18.	T-Cell Subsets	Lavender-Top <i>(pediatric)</i> IF NO SPECIFY REASON	2.5 ml	1	2		1 (C19)	2	_ _  mls.
				i. _____					
C19.	EDTA Plasma <sup>c</sup>	Lavender-Top <i>(6 ml)</i> IF NO SPECIFY REASON	5-6 ml	1	2	3 <sup>c</sup>	1 (C20)	2	_ _  mls.
				i. _____					

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				<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	
C20.	Hemoglobin A1c	Lavender-Top or PPT <i>(pediatric)</i> IF NO SPECIFY REASON	2.5 ml	1	2		1 (C21)	2	_ _    mls.
				i. _____					
C21.	Glucose <sup>d</sup>	Gray-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 <sup>d</sup>	1 (END)	2	_ _    mls.
				i. _____					

<sup>a</sup> RPR Syphilis can be done on chem. panel (C2) tube, if preferred.

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

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

<sup>d</sup> Specimen should be collected only if participant is fasting.