WOMEN'S INTERAGENCY HIV STUDY

SPECIMENS COLLECTED DURING THE PHYSICAL EXAM FORM 31

		D LABEL [_ IERE>	_ - -	<u> - </u>	VISIT #:	FORM COMPLI	ETED E	3Y:	
	V	ERSION DATI	E 10/01/05b						
			OR INCOMPLETE TEST	RESULTS	MUST B	E EXPLAINED ON T	HIS FO	ORM.	
SECTION A. URINE TESTS									
		TEST TYPE	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	IF NO, SPECIFY REAS	<u>SON</u>	N/A	
	A 1.	Pregnancy Test	Exam Site	1* (A2)	2		_(B1)	3* (B1)	
*	* REQUIRED FOR EVERY WOMAN UNLESS SHE IS : S/P HYSTERECTOMY OR ≥ 50 YEARS OF AGE.								
A2. DATE URINE SPECIMENS COLLECTED: / /									
SECTION B. HAIR SPECIMEN									
	<u>S</u>	PECIMEN TYPE	<u>LAB</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY</u> <u>REASON</u>		<u>N/A</u>	
B1.	H	Iair	Central	1 (a)	2		(C1)	3 † (C1	
	† Circle "N/A" only if participant is HIV-negative, or is HIV-positive and has not taken any antiretroviral medications in the past four weeks.								
	a.	From when	re was the sample taken?						
		Nape	pital region of scalp (preferre e / base of necker regions of scalp		3 (b)				
			SPECIFY:		_				
	b	. Date hair s	pecimen collected:						
		/							

COLOR, TEXTURE, AND TREATMENT HISTORY).

PROMPT:

IF PARTICIPANT PROVIDED A HAIR SPECIMEN, COMPLETE FORM F31a (HAIR

WIHS ID #	

SECTION C. GYN SPECIMENS

C1.	a. WERE ANY GYN SPECIMENS COLLECTED?									
	YES NOIF NO, SPECIFY REA	(END)	(END)							
	b. DATE GYN SPECIMENS									
	SPECIMEN TYPE	<u>LAB</u>	<u>YES</u>	<u>NO</u>	IF NO, SPECIFY REASON	<u>N/A</u>				
C2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 (a)	2	(C3)					
	a.) IF YES, time of collection:		_ _ : _	_	AM1 PM2					
C3.	Slide for Bacterial Vaginosis Gram Stain	Central	1 (C4)	2						
C4.	1 Glass Slide for Pap Smear	Central	1 (C5)	2						
C5.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 (a)	2	(C7)	3				
	a.) IF YES, # of swabs:		_							
C7.	Optional: Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (C8)	2		3				
C8.	1 Cervical Swab for Viral Load	Central	1 (END)	2						