

WOMEN'S INTERAGENCY HIV STUDY  
**SPECIMENS COLLECTED DURING THE PHYSICAL EXAM**  
**FORM 31**

ID LABEL HERE ---> |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|

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

VERSION DATE **10/01/08**

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

**SECTION A. URINE TESTS**

<u>TEST TYPE</u>	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
A1. 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:        /     /      
M      D      Y

**SECTION B. HAIR SPECIMEN**

<u>SPECIMEN TYPE</u>	<u>LAB</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
B1. Hair	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 where was the sample taken?
- Occipital region of scalp (preferred) ..... 1 (b)
  - Nape / base of neck ..... 3 (b)
  - Other regions of scalp..... 2

SPECIFY: \_\_\_\_\_

b. Date hair specimen collected:

    /     /      
M      D      Y

**PROMPT: IF PARTICIPANT PROVIDED A HAIR SPECIMEN, COMPLETE FORM F31a (HAIR COLOR, TEXTURE, AND TREATMENT HISTORY).**

WIHS ID #

[Empty box for WIHS ID #]

### SECTION C. GYN SPECIMENS

C1. a. WERE ANY GYN SPECIMENS COLLECTED?

YES..... 1 **(b)**

NO..... 2

IF NO, SPECIFY REASON: \_\_\_\_\_ **(END)**

b. DATE GYN SPECIMENS COLLECTED:         /         /          
  M          D          Y

	<u>SPECIMEN TYPE</u>	<u>LAB</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
C2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 <b>(a)</b>	2	_____ <b>(C3)</b>	
	a.) IF YES, time of collection:		_ _  :  _ _		AM.....1 PM.....2	
C3.	Slide for Bacterial Vaginosis Gram Stain	Central	1 <b>(C4)</b>	2	_____	
C4.	1 Glass Slide for Pap Smear	Central	1 <b>(C5)</b>	2	_____	
C5.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 <b>(a)</b>	2	_____ <b>(C7)</b>	3
	a.) IF YES, # of swabs:		_ _			
C7.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 <b>(END)</b>	2	_____	3