

WOMEN'S INTERAGENCY HIV STUDY

FORM 31: SPECIMENS COLLECTED DURING THE PHYSICAL EXAM

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

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **10/01/10**

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* (a)	2	_____ (A2)	3* (A2)
a. DATE OF COLLECTION		___ / ___ / ___	M D Y		
A2. Urine for repository	Freeze locally	1§ (a)	2	_____ (B1)	3§ (B1)
a. DATE OF COLLECTION		___ / ___ / ___	M D Y		
b. Time of collection:			___:___	AM.....1 PM.....2	

* **REQUIRED FOR EVERY WOMAN UNLESS SHE IS : S/P HYSTERECTOMY OR BILATERAL OOPHORECTOMY OR ≥ 50 YEARS OF AGE.**

§ **VISIT 36, VISIT 40, VISIT 44: COLLECT URINE FOR REPOSITORY FOR SUPERNATANT. VISIT 38, VISIT 42, VISIT 46: COLLECT URINE FOR REPOSITORY FOR SUPERNATANT & PELLET. SAMPLE CAN BE KEPT AT ROOM TEMPERATURE FOR LOCAL TESTS CONDUCTED WITHIN 4 TO 6 HOURS. OTHERWISE KEEP SAMPLE AT 4°C UNTIL PROCESSING.**

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.

- 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 #

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 (a)	2	_____ (C3)	
a.) IF YES, time of collection:		_ _ : _ _		AM.....1 PM.....2	

IF CVL WILL NOT BE PROCESSED WITHIN 1 HOUR OF COLLECTION, KEEP SAMPLE AT LESS THAN 10°C TO PREVENT MICROBIAL GROWTH.

C3. Slide for Bacterial Vaginosis Gram Stain	Central	1 (C4)	2	_____	
C4. 1 Glass Slide for Pap Smear	Central	1 (C5)	2	_____	
C5. 1 Cervical swab for HPV DNA	Central	1 (C6)	2	_____	
C6. <u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (END)	2	_____	3