WOMEN'S INTERAGENCY HIV STUDY								
F31r: SPECIMENS COLLECTED DURING THE PHYSICAL EXAM – NEW RECRUITS								
	ABEL <u> - </u> RE>	<u> </u>	_ - _	VISIT#	#: FORM COMPLETED	BY:		
VER	VERSION DATE: 04/01/15							
ANY	ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.							
SECTION B. URINE SPECIMENS								
B1.	B1. DATE URINE SPECIMENS COLLECTED:							
a.	Time of collection:		<u></u>	_ : _	_ AM1 PM2			
PROMPT: IF SPECIMENS FOR URINALYSIS AND REPOSITORY ARE COLLECTED ON A DIFFERENT DATE THAN THE SPECIMEN FOR PREGNANCY TEST, RECORD THE DATE AND TIME SPECIMENS FOR URINALYSIS AND REPOSITORY WERE COLLECTED.								
	SPECIMEN TYPE	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	IF NO, SPECIFY REASON	<u>N/A</u>		
B2.	Pregnancy Test	Exam Site	1* (B2a)	2	(B3)	3* (B 3		

a. RESULT:

Urine for urinalysis

B3.

B4.

POSITIVE...... 1 NEGATIVE 2 INDETERMINATE..... 3

Local

Urine for Repository§ Freeze Locally

1 **(B4)**

1 **(C1)**

2

^{*} REQUIRED FOR EVERY WOMAN UNLESS SHE IS : S/P HYSTERECTOMY OR BILATERAL OOPHERECTOMY OR \geq 50 YEARS OF AGE. § SAMPLE CAN BE KEPT AT ROOM TEMPERATURE FOR LOCAL TESTS CONDUCTED WITHIN 4

TO 6 HOURS. OTHERWISE KEEP SAMPLE AT 4°C UNTIL PROCESSING.

WIHS	S ID#								
			SECTION	ON C. HAIR	SPECIM	IEN			
	SPECIM	IEN TYPE	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	IF NO, SPECIFY REASON	<u>N/A</u>		
C1.	Hair		Central Lab	1* (a)	2		(D1) 3** (D1		
				negative or HI	V-positive	and not reporting antiretr	oviral		
m	edication	use in the	past six months.						
PRC	MPT:					NTAINS TENOFOVIR (D)			
						PANT IS WILLING TO HA ICIPANT IS ON A REGIM			
						REFERS NOT TO DONAT			
		STRAND	S, COLLECT 30-	40 STRANDS	OF HAIR	AS PER USUAL PROTOC	COL.		
NOT	E:					drug codes: 234 (Viread), 25	53		
		(Truvada)), 262 (Atripla), 280	0 (Complera), a	nd 287 (St	ribild).			
a.	Is part	participant on a tenofovir-containing regimen?							
					4 20 40	4 1 1 4 61)			
	NO	•••••		2 (colle	ect 30-40 si	trands and go to C1c)			
b.	Is part	icipant willi	ing to have 100 stra	nds of hair take	n?				
						ands and go to C1c)			
	NO			2 (colle	ect 30-40 st	trands and go to C1c)			
c.	From v	where was the	e sample taken?						
			n of scalp (preferred)						
			neck Scalp						
	3.		Y:						
d	D.4. 1.				1 1				
d.	Date ha	air specimen	collected:	/ /	_				

		SECTION D: GY	N SPEC	IMENS	}		
D1.	DATE GYN SPECIMENS COLL						
	SPECIMEN TYPE	LAB	<u>YES</u>	<u>NO</u>	IF NO, SPECIFY R	EASON	N/A
D2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 (a)	2		(D5)	1
	a.) IF YES, time of colle	ection:		:	_ AM1 PM2		
	CVL WILL NOT BE PROCESS C TO PREVENT MICROBIAL		JR OF CO	LLECT	TION, KEEP SAMPL	E AT LI	ESS THA
D5.	1 Swab for Chlamydia and gonorrhea testing	Local	1 (D6)	2			3
D6.	1 Glass Slide for Pap Smear*	Central	1 (D7)	2			
D7.	1 Cervical swab for HPV DNA*	Central Repository	1 (D8)	2			
D8.	Optional: Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (END)	2			3
D9.	Liquid Pap for CCSS**	Central	1 (a)	2		_ (END)	3 (END)
	a.) IF YES, number of specimens:				1 specimen		
		NOT	TES:				
*]	D6 & D7. If participant is part of for these questions, and		•	•		2" for "N	1O"
*:	*D9. Indicate whether or not part of the CCSS, circle but the specimen was r not collected. If the specimen indicate the number of	e "3" for "NA" and en not collected, circle "2 ecimen was collected,	nd the form ?" for "NO"	n. If the p and spe	participant is part of the ecify the reason the spe	e substuc ecimen w	dy, vas

WIHS ID#