31r: SPECIMENS	WOMEN'S IN		CY HIV S	TUDY	
31r: SPECIMENS	COLLECTED DI				
	COLLECTED D	JRING THE	PHYSIC	AL EXAM – NEW RECRUI	TS
ID LABEL - - - - - - - -			VISIT#	FORM COMPLETED	BY:
SION DATE 10/	01/10				
MISSING OR INC	OMPLETE TES	T RESULTS	S MUST E	BE EXPLAINED ON THIS F	ORM.
	SECTION	B. URINE	SPECIMI	ENS	
DATE URINE SPEC	IMENS COLLECTE	D: <u> </u> M	/ / D	Y	
Time of collection:		<u> </u>	: _	AM1 PM2	
THAN THE SP	ECIMEN FOR PRE	GNANCY TES	ST, RECOR		
SPECIMEN TYPE	LOCATION	<u>YES</u>	<u>NO</u>	IF NO, SPECIFY REASON	<u>N/A</u>
Pregnancy Test	Exam Site	1* (B3)	2		3*
Urine for urinalysis	Local	1 (B4)	2		
Urine for Repository§	Freeze Locally	1 (C1)	2		
PHERECTOMY OR 2 MPLE CAN BE KEPT	<u>></u> 50 YEARS OF A0 Γ AT ROOM TEMP	GE. PERATURE F	OR LOCAI	L TESTS CONDUCTED WITHI	N 4
	SECTION	N C. HAIR	SPECIMI	EN	
SPECIMEN TYPE	LOCATION	<u>YES</u>	<u>NO</u>	IF NO, SPECIFY REASON	<u>N/A</u>
Hair	Central Lab	1* (a)	2	(D1)	3** (D
ircle "N/A" only if]	participant is HI	V-negative.			
Occipital region of Nape / base of ne	of scalp (preferred) eck calp	3			
	DATE URINE SPECIMENTS THAN THE SPECIMENT THAN THE SPECIMENTYPE Pregnancy Test Urine for urinalysis Urine for Repository QUIRED FOR EVERY PHERECTOMY OR SEMPLE CAN BE KEPT 6 HOURS. OTHERW SPECIMEN TYPE Hair ircle "N/A" only if service in the service of the occipital region Nape / base of ne other region of services.	SION DATE 10/01/10 MISSING OR INCOMPLETE TES SECTION DATE URINE SPECIMENS COLLECTED Time of collection: MPT: IF SPECIMENS FOR URINALYSIS THAN THE SPECIMEN FOR PRE URINALYSIS AND REPOSITORY SPECIMEN TYPE LOCATION Pregnancy Test Exam Site Urine for urinalysis Local Urine for Repository§ Freeze Locally QUIRED FOR EVERY WOMAN UNLESPHERECTOMY OR ≥ 50 YEARS OF ACMPLE CAN BE KEPT AT ROOM TEMP 6 HOURS. OTHERWISE KEEP SAMPL SECTION SPECIMEN TYPE LOCATION Hair Central Lab ircle "N/A" only if participant is HIV From where was the sample taken? Occipital region of scalp (preferred) Nape / base of neck	SION DATE 10/01/10 MISSING OR INCOMPLETE TEST RESULTS SECTION B. URINE DATE URINE SPECIMENS COLLECTED: M Time of collection: MPT: IF SPECIMENS FOR URINALYSIS AND REPOSE THAN THE SPECIMEN FOR PREGNANCY TEST URINALYSIS AND REPOSITORY WERE COLLED SPECIMEN TYPE LOCATION SPECIMEN TYPE LOCATION VES Pregnancy Test Local 1 (B4) Urine for urinalysis Local 1 (B4) Urine for Repository Freeze Locally 1 (C1) QUIRED FOR EVERY WOMAN UNLESS SHE IS: SAPHERECTOMY OR > 50 YEARS OF AGE. MPLE CAN BE KEPT AT ROOM TEMPERATURE FOR HOURS. OTHERWISE KEEP SAMPLE AT 4°C UN SECTION C. HAIR SPECIMEN TYPE LOCATION YES Hair Central Lab 1* (a) ircle "N/A" only if participant is HIV-negative. From where was the sample taken? Occipital region of scalp (preferred)	SION DATE 10/01/10 MISSING OR INCOMPLETE TEST RESULTS MUST E SECTION B. URINE SPECIMI DATE URINE SPECIMENS COLLECTED:	SION DATE 1 0 / 0 1 / 1 0 MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS F SECTION B. URINE SPECIMENS DATE URINE SPECIMENS COLLECTED:

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

WI	HS ID #										
		SECTION D: GY	YN SPECIN	MENS							
D1	. DATE GYN SPECIMENS C			_ / Y	1						
	SPECIMEN TYPE	<u>LAB</u>	<u>YES</u>	<u>NO</u>	IF NO, SPECIFY REASON	<u>N/A</u>					
D2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 (a)	2	(D3)						
	a.) IF YES, time of colle	ection:	_ :		AM1 PM2						
IF CVL WILL NOT BE PROCESSED WITHIN 1 HOUR OF COLLECTION, KEEP SAMPLE AT LESS THAN 10°C TO PREVENT MICROBIAL GROWTH.											
D4.	Slide for Bacterial Vaginosis Gram Stain	Central	1 (D5)	2							
D5.	1 Swab for Chlamydia and gonorrhea testing	Local	1 (D6)	2							
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					