

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY - FLOW CYTOMETRY
FORM L04**

ID LABEL HERE --->

FORM COMPLETED BY: _____ VERSION DATE: **10/01/04**

WIHS STUDY VISIT #: _____

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

PROMPT: FOR HIV-NEGATIVE WOMEN, COMPLETE THIS FORM ONLY AT EVEN-NUMBERED VISITS.

A1. ARE TEST RESULTS AVAILABLE?

- Yes 1 (A2)
- No, Sample Inadequate 2 (END)
- No, Other Reason 3

(END)

(SPECIFY)

A2. DATE SAMPLE DRAWN:

|_|_| / |_|_| / |_|_|
M D Y

a. DATE SAMPLE PREPARED:

|_|_| / |_|_| / |_|_|
M D Y

CODES FOR COMMENTS

- [01] SPECIMEN CLOTTED
- [02] SPEC. HELD AT 4 DEGREES C
- [03] SPEC. REC'D AT >25 DEGREES
- [04] SPECIMEN QNS
- [05] LAB ACCIDENT/ERROR
- [10] <2000 CELLS ANALYZED
- [11] INSUFFICIENT CELLS
- [12] HIGH FL SUBTRACTION REQ'D
- [20] SCATTER POOR, CANNOT SET GATE
- [24] DISTINCT LYMPH, CLUSTER NOT SEEN
- [31] HIGH BACKGROUND IN ALL TUBES
- [40] ANTIBODY PATTERN UNUSUAL
- [41] INCOMPLETE HEMOLYSIS
- [50] FLOW CYTOMETER MALFUNCTION
- [51] NRBCS PRESENT
- [52] DELAY IN SAMPLE SHIPMENT
- [99] OTHER

b. Type of Flow Cytometry Test

- Two - color 1 (A3a)
- CD45 gating 2 (A4a)
- Three - color 3 (A4a)
- Four - color 4 (A4a)

A3. QUADRANT #RESULT

a) CD45 (Bright +) Q2 |_|_| %
CD14+ (MONOS)

b) CD45 (Bright +) Q4 |_|_|_| %
CD14- (LYMPHS)

A4.

a) CD3- CD4+ Q1 |_|_| %

b) CD3+ CD4+ Q2 |_|_| %

c) CD3- CD4- Q3 |_|_| %

d) CD3+ CD4- Q4 |_|_| %

A5.

a) CD3- CD8+ Q1 |_|_| %

b) CD3+ CD8+ Q2 |_|_| %

c) CD3- CD8- Q3 |_|_| %

d) CD3+ CD8- Q4 |_|_| %

A6. COMMENTS

- Yes..... 1
- No..... 2 (END)

Comment Code (Please Specify if Comment Code is "99")

A7. |_|_| |_____

A8. |_|_| |_____

A9. |_|_| |_____