

WOMEN'S INTERAGENCY HIV STUDY
MALT STUDY
**FORM MG08b. BIOPSY SPECIMEN TRACKING FORM to UCSF McCune Lab
FOR ENDOMETRIAL BIOPSY VISIT SPECIMENS**

SECTION A: GENERAL INFORMATION

- A1. WIHS or NON-WIHS PARTICIPANT ID: ENTER NUMBER HERE ONLY IF LABEL IS NOT AVAILABLE |__| - |__|__| - |__|__|__| - |__|
- A2. WIHS STUDY VISIT #: |__|__|
- A3. FORM VERSION: **6/10/10**
- A4. INTERVIEWER'S INITIALS: |__|__|
- A4. LAB ID NUMBER: |__|__|

SECTION B: SAMPLE COLLECTION: TO BE COMPLETED BY WIHS SITE

Check all those specimens which you are sending. If any are not sent, please note why in comments section.

- B1. Date and time specimens collected:

|__|__|/|__|__|/|__|__| |__|__:|__|__| AM.....1 PM.....2
M D Y

		i. Frozen	ii. Formalin
a.	Cervical sponge for cytokines	(2 vials) YES....1 NO....2	N/A
b.	Cervical wick for HIV VL (positive participants only)	(1 vial) YES....1 NO....2 N/A...3	N/A
c.	Endometrial biopsy	(1 vial) YES....1 NO....2	(1 vial) YES....1 NO....2
d.	Cervical TZ biopsy	(1 vial) YES....1 NO....2	(1 vial) YES....1 NO....2
e.	Plasma for HIV VL (positive participants only)	(1 vial) YES....1 NO....2 N/A...3	N/A
f.	Serum for Storage (non-WIHS participants only)	(1 vial) YES....1 NO....2 N/A...3	N/A

Comments:

WIHSID

B2. Were colonoscopy and reproductive tract specimens collected on different days?

YES.....1

NO.....2

B3. Has the participant smoked any cigarettes in the last year? Yes.....1 No.....2

B4. Menstrual cycle day at reproductive tract specimen collection: |__|__| (Day 1 is first day of LMP)

PROMPT: Please email jane.pannell@ucsf.edu before you ship specimens. Enclose one copy of this form with shipment to lab and fax one copy to Jane Pannell at 415-353-9792. Thank you.

SECTION C: FOR RECEIVING (MCCUNE) LAB

All frozen specimens, except sponge for cytokines, go to Giudice Lab. Frozen sponges go to McCune lab. All cervical and endometrial tissues in formalin go to McCune Lab. One set of GI specimens (multiple pieces) stays in McCune lab. One set of GI specimens (single pieces) goes to Jane Pannell.

C1. Indicate date and time specimens received.

|__|__|/|__|__|/|__|__| |__|__|:|__|__| AM.....1 PM.....2
M D Y

PROMPT: Fax a copy of this form to Jane Pannell at 415-353-9792. Thank you.

WIHSID

GUIDE TO HOW WIHS MALT SPECIMENS ARE LABELED

Every specimen shipping form will contain both the **WIHS ID #** and the Lab ID #. The Lab code always starts with W (for WIHS), then a number from 1-6, denoting the WIHS site. The last number is assigned sequentially as participants are enrolled. First participant at your site =1, second =2, etc.

Each specimen will be labeled with a 5-digit alphanumeric code which contains the Lab ID# and a code for the type of specimen. The code is explained below. For example, W51-EP would be the code for endometrium preserved in formalin for the first participant enrolled at the San Francisco WIHS site. W52-IF would be the code for a frozen ileal specimen from the second participant enrolled at the San Francisco site.

W = WIHS

[S] = Indicates which WIHS site (will be a number from 1-6)

[N] = Unique to participant, assigned in the order in which participants at each site are enrolled. First participant enrolled at a site = 1, second participant enrolled at a site = 2, etc.

Next letter = Specimen type

Last Letter = How specimen received in Lab

S = Sigmoid colon

F = Frozen

I = Ileum

P = Formalin (Preserved)

P = Cervical sPonge

C = Fresh (Cells) *(San Francisco only)

W = Cervical Wick for HIV RNA

E = Endometrium

Y = Endocervical cUrettage *(San Francisco only)

Y = Endocervical cYtobrush *(San Francisco only)

C = Cervical transformation zone

B = Blood

SPECIMENS IN ORDER OF COLLECTION	Frozen	Fresh (SF ONLY)	Formalin
Ileum	W ___ -IF	W ___ -IC	W ___ -IP ++
Sigmoid colon	W ___ -SF	W ___ -SC	W ___ -SP ++
Cervical sponge for cytokines	W ___ -PF	N/A	N/A
Cervical wicks in lysis buffer for HIV RNA (HIV+ participants only)	W ___ -WF	N/A	N/A
Endocervical curettage	N/A	W ___ -UC	N/A
Endocervical cytobrush	N/A	W ___ -YC	N/A
Endometrial biopsy	W ___ -EF	W ___ -EC	W ___ -EP
Cervical TZ biopsy	W ___ -CF	W ___ -CC	W ___ -CP
Plasma for HIV Viral Load (HIV+ participants only)	W ___ -BF	N/A	N/A
Peripheral blood for PBMCs	N/A	W ___ -BC	N/A

++ two containers—one with multiple pieces, one with one piece only.

Please email or call jane.pannell@ucsf.edu at 415-990-2868 or page 415-719-0663 with any questions or problems.

GUIDE TO HOW NON-WIHS MALT SPECIMENS ARE LABELED

Every specimen shipping form will contain both the **NON-WIHS ID #** and the Lab ID #. The Lab code will start with either a B for Bronx, or S for San Francisco, then either 1 for Bronx, or 5 for San Francisco. The last number is assigned sequentially as participants are enrolled. First participant at your site =1, second =2, etc.

Each specimen will be labeled with a 5-digit alphanumeric code which contains the Lab ID# and a code for the type of specimen. The code is explained below. For example, B21-EP would be the code for endometrium preserved in formalin for the first non-WIHS participant enrolled at the Bronx site. B22-IF would be the code for a frozen ileal specimen from the second participant enrolled at the Bronx site.

B or S = Bronx or San Francisco

[S] = Indicates which WIHS site (will be 1 for Bronx, 5 for San Francisco)

[N] = Unique to participant, assigned in the order in which participants at each site are enrolled. First participant enrolled at a site = 1, second participant enrolled at a site = 2, etc.

Next letter = Specimen type

Last Letter = How specimen received in Lab

S = Sigmoid colon

F = Frozen

I = Ileum

P = Formalin (Preserved)

P = Cervical sPonge

C = Fresh (Cells) *(San Francisco only)

W= Cervical Wick for HIV RNA

E = Endometrium

Y = Endocervical cUrettage *(San Francisco only)

Y = Endocervical cYtobrush *(San Francisco only)

C = Cervical transformation zone

R= Serum for storage (Repository)

Examples in this table are for the Bronx site:

SPECIMENS IN ORDER OF COLLECTION	Frozen	Fresh (SF ONLY)	Formalin
Ileum	B ___ -IF	S ___ -IC	B ___ -IP ++
Sigmoid colon	B ___ -SF	S ___ -SC	B ___ -SP ++
Cervical sponge for cytokines	B ___ -PF	N/A	N/A
Cervical wicks in lysis buffer for HIV RNA (HIV+ participants only)	B ___ -WF	N/A	N/A
Endocervical curettage	N/A	S ___ -UC	N/A
Endocervical cytobrush	N/A	S ___ -YC	N/A
Endometrial biopsy	B ___ -EF	S ___ -EC	B ___ -EP
Cervical TZ biopsy	B ___ -CF	S ___ -CC	B ___ -CP
Plasma for HIV Viral Load (HIV+ participants only)	B ___ -BF	N/A	N/A
Serum for storage (repository)	B ___ -RF		N/A
Peripheral blood for PBMCs	N/A	S ___ -BC	N/A

++ two containers—one with multiple pieces, one with one piece only.

Please email or call jane.pannell@ucsf.edu at 415-990-2868 or page 415-719-0663 with any questions or problems.