

WIHS ID#

	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>VOLUME</u>	<u>a.) SPECIMEN COLLECTED</u>		<u>b.) REQUIRED VOLUME COLLECTED</u>		<u>c.) ESTIMATED VOLUME COLLECTED</u>
				<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	
B3.	FSH and Estradiol	SST	8 ml	1	2 (i)	1 (B4)	2	_ _ mls.
		IF NO, SPECIFY REASON		i. _____				
B4.	Inhibin B	SST	8 ml	1	2 (i)	1 (END)	2	_ _ mls.
		IF NO, SPECIFY REASON		i. _____				