WOMEN'S INTERAGENCY HIV STUDY
LABORATORY – RNA QUANTIFICATION
FORM C54

Participant ID: |__| - |__|__| - |__|__|__|__| - |__| VISIT #: ___ ___ FORM COMPLETED BY: ___ ___ ___

VERSION DATE **04/01/00**

WIHS SPECIMENS:

1. Specimen Type:
   - Plasma.....1
   - CVL 2
   - Saliva 3
   - Cervical Swab 4

2. Specimen Date: __ __ / __ __ / __ __
   M D Y

3. Assay: NASBA……1
   Plasma …….2

RNA PATIENT SAMPLES:

4. Lab ID: ____ ____ ____

5. Specimen #: __ __ __ __ __ __ __ __

6. Unique Export ID: __ __ __ __ __ __ __

   A. Amplification ID: __ __ __ __

7. Number of Copies/mL:

   ___ ___ ___ ___ ___ ___ ___ ___

8. VQA Adjusted Copies/mL:

   ___ ___ ___ ___ ___ ___ ___ ___

RNA CONTROLS:

9. Lab ID: ____ ____ ____

10. Unique Export ID: __ __ __ __ __ __ __

11. Copies/mL for Nom Val 0:

    ___ ___ ___ ___ ___ ___ ___ ___

12. Copies/mL for Nom Val 15K:

    ___ ___ ___ ___ ___ ___ ___ ___

13. Copies/mL for Nom Val 150K:

    ___ ___ ___ ___ ___ ___ ___ ___

14. Copies/mL for Nom Val 1.5M:

    ___ ___ ___ ___ ___ ___ ___ ___