

WOMEN'S INTERAGENCY HIV STUDY
BLOOD SPECIMEN COLLECTION FORM
FORM 9

ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_|

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **08/15/94**

ANY MISSING INFORMATION MUST BE EXPLAINED ON THIS FORM

SECTION A.

IF BLOOD DRAW OCCURS AT TWO DIFFERENT TIMES AND/OR DATES FOR THIS VISIT, COMPLETE THE INFORMATION REQUESTED IN A1 - A11, THEN INDICATE TOTAL NUMBER OF TUBES COLLECTED DURING BOTH BLOOD DRAWS IN SECTION B. IF ONLY ONE BLOOD DRAW OCCURRED, COMPLETE A1 - A6 AND PROCEED TO SECTION B.

A1. DATE BLOOD DRAWN: _____ / _____ / _____
M D Y

A2. TIME BLOOD DRAWN: _____ : _____ AM1
PM.....2

A3. PHLEBOTOMIST'S INITIALS _____

A4. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e. PRIOR TO SENDING TO LAB FOR PROCESSING)
 YES..... 1
 NO2 **(A6)**

A5. TIME CPT TUBES CENTRIFUGED: _____ : _____ AM1
PM.....2

A6. WAS BLOOD DRAWN ON A SECOND DATE FOR THIS VISIT?
 YES..... 1
 NO2 **(B1)**

A7. DATE OF SECOND BLOOD DRAW: _____ / _____ / _____
M D Y

A8. TIME OF SECOND BLOOD DRAW: _____ : _____ AM1
PM.....2

A9. PHLEBOTOMIST'S INITIALS _____

A10. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e. PRIOR TO SENDING TO LAB FOR PROCESSING)
 YES..... 1
 NO2 **(B1)**
 N/A (Not drawn this date).....3 **(B1)**

A11. TIME CPT TUBES CENTRIFUGED: _____ : _____ AM1
PM.....2

WIHS ID #

SECTION B. BLOOD DRAW

LISTED IN ORDER OF PRIORITY

	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>VOLUME</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>
B1.	HIV Ab	Red-Top	1-2 ml	1	2	_____
B2.	CBC/Diff	Purple-Top	2-5 ml	1	2	_____
B3.	T-Cell Subsets	Purple-Top	2-5 ml	1	2	_____
B4.	Plasma & Cells	CPT Tube	8 ml	1	2	_____
B5.	Repository	CPT Tube	8 ml	1	2	_____
B6.	Save & Batch Serology	Red-Top	10 ml	1	2	_____
B7.	Liver/Renal Function	Red-Top	2-5 ml	1	2	_____
B8.	Hepatitis B & C	Red-Top	2-5 ml	1	2	_____
B9.	Syphilis	Red-Top	2-5 ml	1	2	_____
B10.	Serum	Red- Top	10 ml	1	2	_____
B11.	Repository	CPT Tube	8 ml	1	2	_____
B12.	Repository	Red-Top	10 ml	1	2	_____
B13.	Repository	CPT Tube	8 ml	1	2	_____