

WOMEN'S INTERAGENCY HIV STUDY

PLASMA AND CELL SEPARATION AND FREEZING FORM

FORM 10

ID LABEL HERE --->  -  -

VISIT #:     
FORM COMPLETED BY:

VERSION DATE 08/15/94

**ANY MISSING INFORMATION MUST BE EXPLAINED ON THIS FORM**

- A1. DATE CPT TUBES DRAWN:  /  /   
M D Y
- A2. DATE CPT TUBES RECEIVED IN LAB:  /  /   
M D Y
- A3. TIME CPT TUBES RECEIVED IN LAB:  :  AM .....1  
PM.....2
- A4. WERE TUBES CENTRIFUGED PRIOR TO RECEIPT IN LAB (I.E., IN CLINIC): YES .....1 (A6)  
NO.....2
- A5. DATE TUBES CENTRIFUGED IN LAB:  /  /   
M D Y
  - a. TIME:  :  AM .....1  
PM.....2
- A6. PLASMA SEPARATION DATE:  /  /   
M D Y
  - a. TIME:  :  AM .....1  
PM.....2
- A7. PLASMA FROZEN DATE:  /  /   
M D Y
  - a. TIME:  :  AM .....1  
PM.....2
- A8. TOTAL VOLUME OF PLASMA FROZEN:  .  ml
- A9. DATE CELLS (PBMCs) FROZEN:  /  /   
M D Y
  - a. TIME:  :  AM .....1  
PM.....2
- A10. TOTAL NUMBER OF CELLS FROZEN (in millions):  .  million
- A11. TOTAL VOLUME OF SERUM FROZEN:  .  ml