

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: _____ : _____ AM1
PM.....2

A4. WERE TUBES CENTRIFUGED PRIOR TO RECEIPT IN LAB (I.E., IN CLINIC): YES1 (A6)
NO.....2

A5. DATE TUBES CENTRIFUGED IN LAB: _____ / _____ / _____
M D Y

a. TIME: _____ : _____ AM1
PM.....2

A6. PLASMA SEPARATION DATE: _____ / _____ / _____
M D Y

a. TIME: _____ : _____ AM1
PM.....2

A7. PLASMA FROZEN DATE: _____ / _____ / _____
M D Y

a. TIME: _____ : _____ AM1
PM.....2

A8. TOTAL VOLUME OF PLASMA FROZEN: _____ . _____ ml

A9. DATE CELLS (PBMCs) FROZEN: _____ / _____ / _____
M D Y

a. TIME: _____ : _____ AM1
PM.....2

A10. TOTAL NUMBER OF CELLS FROZEN (in millions): _____ . _____ million

A11. TOTAL VOLUME OF SERUM FROZEN: _____ . _____ ml