

WIHS ID #

SECTION C. GYN SPECIMENS

C1. DATE GYN SPECIMENS COLLECTED: ___ / ___ / ___
M / D / Y

	<u>SPECIMEN TYPE</u>	<u>LAB</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
C2.	Vaginal Candida Culture on Culturette	Central Repository	1	2	_____	
C3.	Slide for Bacterial Vaginosis Gram Stain	Central	1	2	_____	
C4.	Swab(s) of ulcer and/or fissures for HSV Culture	Local	1 (a)	2	_____	3
	a.) IF YES, # of swabs:		_ _			
C5.	1 Glass Slide for Pap Smear	Central	1	2	_____	
C6.	Swab for Gen-Probe Chlamydia & Gonorrhea	Local	1	2	_____	
C7.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 (a)	2	_____	3
	a.) IF YES, # of swabs:		_ _			
C8.	Swab for LCR for Chlamydia	Freeze Locally	1	2	_____	
C9.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1	2	_____	3
C10.	Minimum 6ml CVL Fluid	Local for Aliquoting and Freezing	1	2	_____	