WOMEN'S INTERAGENCY HIV STUDY

SPECIMENS COLLECTED DURING THE PHYSICAL EXAM

FORM 11

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **08/15/94**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

SECTION A. ORAL SPECIMENS

A1. DATE ORAL SPECIMENS COLLECTED: ___ ___ / ___ ___ / ___ ___ (M / D / Y)

	SPECIMEN TYPE	LAB	YES	NO	IF NO, SPECIFY REASON	N/A
A2.	Oral Candida on Culturette	Central Repository	1	2	_____	
A3.	Culture for HSV of Oral Ulcers and/or Fissures	Local	1	2	_____	3

SECTION B. URINE TESTS

B1. DATE URINE SPECIMENS COLLECTED: ___ ___ / ___ ___ / ___ ___ (M / D / Y)

	TEST TYPE	LOCATION	YES	NO	IF NO, SPECIFY REASON	N/A
B2.	Pregnancy Test	Exam Site	1*	2	_____	3*
B3.	Urinalysis (Dipstick)	Exam Site	1	2	_____	
B4.	Urine Culture	Local Lab	1**	2	_____	3
B5.	Urine for LCR	Freeze Locally	1	2	_____	
B6.	Urine for Repository	Freeze Locally	1	2	_____	

*** REQUIRED FOR ANY WOMEN WHO HAS MISSED ONE PERIOD (MOST RECENTLY TO THE VISIT) UNLESS SHE IS : PRE-MENARCHE, S/P HYSTERECTOMY, POST-MENOPAUSAL OR CURRENTLY PREGNANT.**

****URINE CULTURE AND SENSITIVITY REQUIRED IF WBC ≥ 1+ ON DIPSTICK URINALYSIS**

WIHS ID #

SECTION C. GYN SPECIMENS

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

	SPECIMEN TYPE	LAB	YES	NO	IF NO, SPECIFY REASON	N/A
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.	Optional: Swab in Diamonds Media for Trichomonas Culture	Exam Site	1	2	_____	3
C10.	Minimum 6ml CVL Fluid	Local for Aliquoting and Freezing	1	2	_____	