

WOMEN'S INTERAGENCY HIV STUDY
BLOOD SPECIMEN COLLECTION FORM – NEW RECRUITS
FORM 29r

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

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE REVISED 10/01/01

ANY MISSING OR INCOMPLETE TEST RESULTS 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
 NO..... 2 (A6)
 N/A (Not drawn this date)..... 3 (A6)

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

A6. WAS BLOOD DRAWN ON A SECOND DATE FOR THIS VISIT?
 YES..... 1
 NO..... 2 (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
 NO..... 2 (B1)
 N/A (Not drawn this date)..... 3 (B1)

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

SECTION B. BLOOD DRAW (LISTED IN ORDER OF PRIORITY)

| | <u>TEST TYPE</u> | <u>TUBE TYPE</u> | <u>VOLUME</u> | <u>a.) SPECIMEN COLLECTED</u> | | | <u>b.) REQUIRED VOLUME COLLECTED</u> | | <u>c.) ESTIMATED VOLUME COLLECTED</u> |
|------|------------------------------|--------------------------|---------------|-------------------------------|-----------|------------|--------------------------------------|-----------|---------------------------------------|
| | | | | <u>YES</u> | <u>NO</u> | <u>N/A</u> | <u>YES</u> | <u>NO</u> | |
| B1. | HIV Ab | Red-Top or Tiger-Top SST | 1-2 ml | 1 | 2 | 3* | 1 (B2) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B2. | CBC/Diff | Purple-Top | 2-5 ml | 1 | 2 | | 1 (B3) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B3. | T-Cell Subsets | Purple-Top | 2-5 ml | 1 | 2 | | 1 (B4) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B4. | Plasma & Cells Repository ** | CPT Tube | 8 ml | 1 | 2 | | 1 (B5) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B5. | Plasma & Cell Repository | CPT Tube | 8 ml | 1 | 2 | | 1 (B6) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B6. | Plasma & Cell Repository | CPT Tube | 8 ml | 1 | 2 | | 1 (B7) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B7. | Plasma & Cell Repository | CPT Tube | 8 ml | 1 | 2 | | 1 (B8) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B8. | Plasma & Cell Repository | CPT Tube | 8 ml | 1 | 2 | | 1 (B9) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B9. | Save and batch serology | Red-Top or Tiger-Top SST | 4 ml | 1 | 2 | | 1 (B10) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |
| B10. | Liver/Renal Function | Red-Top or Tiger-Top SST | 2-5 ml | 1 | 2 | | 1 (B11) | 2 | ___ ___ mls. |
| | | IF NO SPECIFY REASON | | i. _____ | | | | | |

| | <u>TEST TYPE</u> | <u>TUBE TYPE</u> | <u>VOLUME</u> | <u>a.) SPECIMEN COLLECTED</u> | | | <u>b.) REQUIRED VOLUME COLLECTED</u> | | <u>c.) ESTIMATED VOLUME COLLECTED</u> |
|------|-------------------------------|--|---------------|-------------------------------|-----------|------------|--------------------------------------|-----------|---------------------------------------|
| | | | | <u>YES</u> | <u>NO</u> | <u>N/A</u> | <u>YES</u> | <u>NO</u> | |
| B11. | Hepatitis B & C | Red-Top or Tiger-top SST IF NO SPECIFY REASON | 2 ml | 1 | 2 | | 1 (B12) | 2 | mls. |
| B12. | RPR Syphilis | Red-Top or Tiger-top SST IF NO SPECIFY REASON | 2 ml | 1 | 2 | | 1 (B13) | 2 | mls. |
| B13. | Insulin/Lipids Repository *** | Tiger-top SST IF NO SPECIFY REASON | 5 ml | 1 | 2 | | 1 (B14) | 2 | mls. |
| B14. | Hemoglobin A1c Repository *** | Purple-Top (pediatric) IF NO SPECIFY REASON | 2.5 ml | 1 | 2 | | 1 (B15) | 2 | mls. |
| B15. | Glucose Repository *** | Gray-Top (3 ml size) IF NO SPECIFY REASON | 3 ml | 1 | 2 | | 1 (B16) | 2 | mls. |
| B16. | Serum Repository | Red-Top or Tiger-Top IF NO SPECIFY REASON | 10 ml | 1 | 2 | | 1 (B17) | 2 | mls. |
| B17. | Repository | Red-Top or Tiger-Top IF NO SPECIFY REASON | 10 ml | 1 | 2 | | 1 (END) | 2 | mls. |

* Not required at baseline visit on HIV+ new recruits with documented Western Blot positive test results
 ** Includes plasma to be used for viral quantification by RNA PCR
 *** Collect on all participants, whether or not fasting.