WOMEN'S INTERAGENCY HIV STUDY

SPECIMENS COLLECTED DURING THE PHYSICAL EXAM

FORM 31

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

VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **04/01/00**

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

SECTION A. URINE TESTS

A1. DATE URINE SPECIMENS COLLECTED: ___ ___ / ___ ___ / ___ ___
M D Y

	TEST TYPE	LOCATION	YES	NO	IF NO, SPECIFY REASON	N/A
A2.	Pregnancy Test	Exam Site	1* **(A5)**	2	_____	3*
A5.	Urine for LCR	Freeze Locally	1 **(B1)**	2	_____	3**

*** REQUIRED FOR EVERY WOMEN UNLESS SHE IS : S/P HYSTERECTOMY OR ≥ 50 YEARS OF AGE.**
****COLLECT URINE FOR LCR ANNUALLY ON ODD VISITS ONLY (VISIT 1, VISIT 3, VISIT 5, ETC.)**

SECTION B. GYN SPECIMENS

B1. DATE GYN SPECIMENS COLLECTED: ___ ___ / ___ ___ / ___ ___
M D Y

	SPECIMEN TYPE	LAB	YES	NO	IF NO, SPECIFY REASON	N/A
B2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 **(B2a)**	2	_____	
	a.) IF YES, time of collection:		|__|__| : |__|__|		AM……..1 PM……..2	
B3.	Slide for Bacterial Vaginosis Gram Stain	Central	1 **(B4)**	2	_____	
B4.	1 Glass Slide for Pap Smear	Central	1 **(B5)**	2	_____	
B5.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 **(B5a)**	2	_____	3 **(B7)**
	a.) IF YES, # of swabs:		|__|__|			
B7.	Optional: Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 **(B8)**	2	_____	3
B8.	1 Cervical Swab for Viral Load	Central	1 **(END)**	2	_____	