

**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

	<u>TEST TYPE</u>	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
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

	<u>SPECIMEN TYPE</u>	<u>LAB</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
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.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (B8)	2	_____	3
B8.	1 Cervical Swab for Viral Load	Central	1 (END)	2	_____	