

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. <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	_____	