WOMEN'S INTERAGENCY HIV STUDY

SPECIMENS COLLECTED DURING THE PHYSICAL EXAM

FORM 31

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

VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **04/01/95**

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*	2	_____	3*
A3.	Urinalysis (Dipstick)	Exam Site	1	2	_____	
A4.	Urine Culture	Local Lab	1**	2	_____	3
A5.	Urine for LCR	Freeze Locally	1	2	_____	
A6.	Urine for Repository	Freeze Locally	1	2	_____	

*** REQUIRED FOR ANY WOMEN UNLESS SHE IS : S/P HYSTERECTOMY OR CURRENTLY PREGNANT.**

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

WIHS ID #

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	2	_____	
B3.	Slide for Bacterial Vaginosis Gram Stain	Central	1	2	_____	
B4.	1 Glass Slide for Pap Smear	Central	1	2	_____	
B5.	Swab for Gen-Probe Chlamydia & Gonorrhea	Freeze Locally	1	2	_____	
B6.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 **(a)**	2	_____	3
	a.) IF YES, # of swabs:		|__|__|			
B7.	Swab for LCR for Chlamydia	Freeze Locally	1	2	_____	
B8.	Optional: Swab in Diamonds Media for Trichomonas Culture	Exam Site	1	2	_____	3