



WIHS ID #

[ ]

### 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	2	_____	
B3.	Slide for Bacterial Vaginosis Gram Stain	Central	1	2	_____	
B4.	1 Glass Slide for Pap Smear	Central	1	2	_____	
B5.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 (a)	2	_____	3
	a.) IF YES, # of swabs:		_ _			
B6.	Swab for LCR for Chlamydia	Freeze Locally	1	2	_____	3*Φ
B7.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1	2	_____	3

**\* THIS CERVICAL SWAB IS NOT OBTAINED ON WOMEN WITH NO CERVIX.**  
**ΦTHIS CERVICAL SWAB IS COLLECTED ONLY AT VISIT 1, VISIT 2, AND VISIT 3.**  
**(DO NOT COLLECT AT VISIT 4 AND BEYOND.)**