NEW RECRUITS

WOMEN'S INTERAGENCY HIV STUDY

SPECIMENS COLLECTED DURING THE PHYSICAL EXAM – NEW RECRUITS

FORM 31r

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

VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **10/01/01**

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

SECTION A. ORAL SPECIMENS

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

	SPECIMEN TYPE	LAB	YES	NO	IF NO, SPECIFY REASON	N/A
A2.	Oral Candida on Culturette	Central Repository	1 **(A3)**	2	_____	
A3.	Culture for HSV of Oral Ulcers and/or Fissures	Local	1 **(B1)**	2	_____	3

SECTION B. URINE TESTS

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

	TEST TYPE	LOCATION	YES	NO	IF NO, SPECIFY REASON	N/A
B2.	Pregnancy Test	Exam Site	1* **(B3)**	2	_____	3*
B3.	Urine for LCR	Freeze Locally	1 **(C1)**	2	_____	

*** REQUIRED FOR EVERY WOMEN UNLESS SHE IS : S/P HYSTERECTOMY OR ≥ 50 YEARS OF AGE.**

WIHS ID #

SECTION C: GYN SPECIMENS

C1. DATE GYN SPECIMENS COLLECTED: ___ ___ / ___ ___ / ___ ___
M D Y

	SPECIMEN TYPE	LAB	YES	NO	IF NO, SPECIFY REASON	N/A
C2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 **(C2a)**	2	_____ **(C3)**	
	a.) IF YES, time of collection:		|__|__| : |__|__|		AM……..1 PM……..2	
C3.	Vaginal Candida Culture on Culturette	Central Repository	1 **(C4)**	2	_____	
C4.	Slide for Bacterial Vaginosis Gram Stain	Central	1 **(C5)**	2	_____	
C5.	Swab of ulcer and/or fissure for HSV Culture	Local	1 **(C5a)**	2	_____ **(C6)**	3 **(C6)**
	a.) IF YES, # of swabs:		|__|__|			
C6.	1 Glass Slide for Pap Smear	Central	1 **(C7)**	2	_____	
C7.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 **(C7a)**	2	_____ **(C8)**	3 **(C8)**
	a.) IF YES, # of swabs:		|__|__|			
C8.	Optional: Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 **(C9)**	2	_____	3
C9.	1 Cervical Swab for Viral Load	Central	1 **(END)**	2	_____	