

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY - FLOW CYTOMETRY
FORM L04**

ID LABEL
HERE --->

____ - ____ - _____ - ____

FORM COMPLETED BY: _____ VERSION DATE:
10/01/00

WIHS STUDY VISIT #: _____

WIHS Core Visit..... 1
3 Month VRS Visit..... 2

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

**PROMPT: FOR HIV-NEGATIVE WOMEN,
COMPLETE THIS FORM ONLY AT EVEN-
NUMBERED VISITS.**

A1. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A2)
- No, Sample Inadequate..... 2 (END)
- No, Other Reason 3

(SPECIFY)

A2. DATE SAMPLE DRAWN:

____/____/____
M D Y

a. DATE SAMPLE PREPARED:

____/____/____
M D Y

CODES FOR COMMENTS

- [01] SPECIMEN CLOTTED
- [02] SPEC. HELD AT 4 DEGREES C
- [03] SPEC. REC'D AT >25 DEGREES
- [04] SPECIMEN QNS
- [05] LAB ACCIDENT/ERROR
- [10] <2000 CELLS ANALYZED
- [11] INSUFFICIENT CELLS
- [12] HIGH FL SUBTRACTION REQ'D
- [20] SCATTER POOR, CANNOT SET GATE
- [24] DISTINCT LYMPH, CLUSTER NOT SEEN
- [31] HIGH BACKGROUND IN ALL TUBES
- [40] ANTIBODY PATTERN UNUSUAL
- [41] INCOMPLETE HEMOLYSIS
- [50] FLOW CYTOMETER MALFUNCTION
- [51] NRBCS PRESENT
- [52] DELAY IN SAMPLE SHIPMENT
- [99] OTHER

b. Type of Flow Cytometry Test

- Two - color.....1 (A3a)
- CD45 gating.....2 (A4a)
- Three - color.....3 (A4a)
- Four - color4 (A4a)

A3. **QUADRANT #RESULT**

a) CD45 (Bright +) Q2 _____ %
CD45 (DIM) MONOS

b) CD45 (Bright +) Q4 _____ %
CD14- (LYMPHS)

A4.

a) CD3- CD4+ Q1 _____ %

b) CD3+ CD4+ Q2 _____ %

c) CD3- CD4- Q3 _____ %

d) CD3+ CD4- Q4 _____ %

A5.

a) CD3- CD8+ Q1 _____ %

b) CD3+ CD8+ Q2 _____ %

c) CD3- CD8- Q3 _____ %

d) CD3+ CD8- Q4 _____ %

A6. COMMENTS

- Yes..... 1
- No 2 (END)

Comment Code (Please Specify if Comment Code is "99")

A7. _____

A8. _____

A9. _____