

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

ID LABEL
HERE --->

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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

(END)

(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 REQRD
- [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 - color 4 (A4a)

A3. QUADRANT #RESULT

a) CD45 (Bright +) Q2 | | | %
CD14+ (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. | | | _____