

**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

(END)

(SPECIFY)

A2. DATE SAMPLE DRAWN:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y

a. DATE SAMPLE PREPARED:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
M D Y

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. \_\_\_\_\_

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