

**WOMEN'S INTERAGENCY HIV STUDY  
LABORATORY - FLOW CYTOMETRY  
FORM L4**

ID LABEL  
HERE --->

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VISIT #: \_\_\_\_\_ FORM COMPLETED BY: \_\_\_\_\_

VERSION DATE: **10/01/98**

**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 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