

**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 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