

WOMEN'S INTERAGENCY HIV STUDY

CVL PROCESSING FORM
FORM L19

ID LABEL - - -

VISIT #:

FORM COMPLETED BY:

HERE --->

VERSION DATE 08/01/96

A1. DATE CVL SAMPLE COLLECTED: / /
M D Y

a. TIME SAMPLE COLLECTED: : AM 1
PM..... 2

b. TIME SAMPLE PROCESSED: : AM 1
PM..... 2

a. TIME SAMPLE FROZEN (put in freezer): : AM 1
PM..... 2

A2. CVL VOLUME: . ml

A3. CVL COLOR: CLEAR 1
CLOUDY 2
BLOOD TINGED 3
OTHER 4
(SPECIFY)

A4. RESULTS OF CHEM-STRIP - OB INDICATOR STRIP

a. BLOOD: NEGATIVE 1
5-10 RBC's per uL 2
50 RBC's per uL 3
250 RBC's per uL 4
NOT DONE 5

b. LEUKOCTYES (WBC): NEGATIVE 1
TRACE (10 WBC per uL) 2
1+ (75 WBC per uL) 3
2+ (500 WBC per uL) 4
NOT DONE 5

A6. TOTAL VOLUME OF SUPERNATANT: . ml

A7. ROUND CELL STAIN TEST AND CELL COUNT RESULTS:

a. Total Round Cells Counted. . x 10[—]

b. Number of Peroxidase Positive Cells.
 . x 10[—]

c. % Peroxidase Positive Cells. . %