

**WOMEN'S INTERAGENCY HIV STUDY
CVL PROCESSING FORM
FORM L19**

ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_|

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **10/01/01**

A1. DATE CVL SAMPLE COLLECTED:

___ / ___ / ___

a. TIME SAMPLE COLLECTED:

|_|_| : |_|_| AM... 1
PM... 2

b. DATE CVL SAMPLE PROCESSED:

___ / ___ / ___

i. TIME SAMPLE PROCESSED:

|_|_| : |_|_| AM... 1
PM... 2

ii. TIME SAMPLE FROZEN (put in freezer):

|_|_| : |_|_| AM... 1
PM... 2

A2. CVL VOLUME:

|_|_| . |_| ml

A3. CVL COLOR:

- CLEAR1
- CLOUDY2
- BLOOD TINGED3
- CLOUDY AND BLOODY4
- OTHER5

(SPECIFY): _____

a. BLOOD

- NEGATIVE..... 1
- 5-10 RBC's per uL2
- 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

A5. TOTAL VOLUME OF SUPERNATANT:

|_|_| . |_| ml

A6. ROUND CELL STAIN TEST AND CELL COUNT RESULTS:

a. Number of Round Cells counted (stained and unstained) in 5 big squares:

|_|_|_|_|

b. Number of Peroxidase Positive Cells counted in 5 big squares:

|_|_|_|_|