

**NIDA IMMUNOLOGY/VIROLOGY SUBSTUDY
FORM NV03: NIDA SPECIMEN COLLECTION**

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

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: 11/15/97

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

LISTED IN ORDER OF PRIORITY

<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>VOLUME</u>	<u>a.) SPECIMEN COLLECTED</u>			<u>b.) ESTIMATED VOLUME COLLECTED</u>
			<u>YES</u>	<u>NO</u>	<u>N/A</u>	_ _ mls.
A1. Flow Cytometry/ Repository/Mole- cular Analyses	EDTA	8 ml	1	2	N/A	_ _ mls.
	IF NO SPECIFY REASON		i. _____(A2)			
A2. Virology	Heparin	10 ml	1	2	3*	_ _ mls.
	IF NO SPECIFY REASON		i. _____(A3)			
A3. Immunology	Heparin	10 ml	1	2	3*	_ _ mls.
	IF NO SPECIFY REASON		i. _____(A4)			
A4. Urine Toxicology	Urine cup	30 ml	1	2	3**	_ _ mls.
	IF NO SPECIFY REASON		i. _____			

* Heparinized tubes only collected on subset of 56 for intensive study

** Urine toxicology is an optional test