

**NIDA IMMUNOLOGY/VIROLOGY SUBSTUDY
FORM NV04: NIDA SPECIMEN PROCESSING**

ID LABEL HERE ---> - - -

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: **11/15/97**

ANY MISSING INFORMATION MUST BE EXPLAINED ON THIS FORM.

A1. DATE TUBES DRAWN: _____ / _____ / _____
M D Y

A2. DATE TUBES RECEIVED IN LAB: _____ / _____ / _____
M D Y

A2a. TIME TUBES RECEIVED IN LAB: _____ : _____ AM..... 1
PM 2

A3. IS PARTICIPANT PART OF NIDA SUBSET FOR INTENSIVE STUDY?
YES 1 (A10)
NO..... 2 (A4)

A4. DATE **EDTA** TUBE CENTRIFUGED: _____ / _____ / _____
M D Y

A4a. TIME **EDTA** TUBE CENTRIFUGED: _____ : _____ AM..... 1
PM 2

A5. DATE **EDTA** PLASMA SEPARATED: _____ / _____ / _____
M D Y

A5a. TIME **EDTA** PLASMA SEPARATED: _____ : _____ AM..... 1
PM 2

A6. DATE **EDTA** PLASMA FROZEN: _____ / _____ / _____
M D Y

A6a. TIME **EDTA** PLASMA FROZEN: _____ : _____ AM..... 1
PM 2

A7. TOTAL VOLUME OF **EDTA** PLASMA FROZEN: _____ . _____ ml

A8. TOTAL NUMBER OF ISOLATED CELLS (in millions): _____ . _____ million

A9. TOTAL NUMBER OF WBC PELLETS (aliquots): _____ pellets (END)

