

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY – RNA QUANTIFICATION
FORM C54**

Participant ID: |_| - |_|_| - |_|_|_|_| - |_|

VISIT #: ___ ___

FORM COMPLETED BY
___ ___ ___

VERSION DATE **10/01/98**

WIHS SPECIMENS:

1. Specimen Type:

- Plasma1
- CVL.....2
- Saliva.....3

2. Specimen Date: ___ / ___ / ___

M D Y

3. Assay: NASBA.....1
 Plasma.....2

RNA PATIENT SAMPLES:

- 4. Lab ID: ___ ___ ___
- 5. Specimen #: ___ ___ ___ ___ ___
- 6. Unique Export ID: ___ ___ ___ ___ ___
- A. Amplification ID: ___ ___ ___
- 7. Number of Copies/mL:
 ___ ___ ___ ___ ___
- 8. VQA Adjusted Copies/mL:
 ___ ___ ___ ___ ___

RNA CONTROLS:

- 9. Lab ID: ___ ___ ___
- 10. Unique Export ID: ___ ___ ___ ___ ___
- 11. Copies/mL for Nom Val 0:
 ___ ___ ___ ___ ___
- 12. Copies/mL for Nom Val 15K:
 ___ ___ ___ ___ ___
- 13. Copies/mL for Nom Val 150K:
 ___ ___ ___ ___ ___
- 14. Copies/mL for Nom Val 1.5M:
 ___ ___ ___ ___ ___