

WOMEN'S INTERAGENCY HIV STUDY
SPECIMENS COLLECTED DURING THE PHYSICAL EXAM
FORM 31

ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_| VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **04/01/99**

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

SECTION A. URINE TESTS

A1. DATE URINE SPECIMENS COLLECTED: / /
M D Y

<u>TEST TYPE</u>	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
A2. Pregnancy Test	Exam Site	1*	2	_____	3*
A3. Urinalysis (Dipstick)	Exam Site	1	2	_____	3**
A4. Urine Culture	Local Lab	1	2	_____	3**
A5. Urine for LCR	Freeze Locally	1	2	_____	3***
A6. Urine for Repository	Freeze Locally	1	2	_____	3**

*** REQUIRED FOR ANY WOMEN UNLESS SHE IS : S/P HYSTERECTOMY OR CURRENTLY PREGNANT.**

****URINALYSIS, URINE CULTURE AND SENSITIVITY, AND URINE FOR REPOSITORY DISCONTINUED AFTER VISIT 8.**

*****COLLECT URINE FOR LCR ANNUALLY ON ODD VISITS ONLY (VISIT 1, VISIT 3, VISIT 5, ETC..)**

WIHS ID #

SECTION B. GYN SPECIMENS

B1. DATE GYN SPECIMENS COLLECTED: / /
 M D Y

	<u>SPECIMEN TYPE</u>	<u>LAB</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
B2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1	2	_____	
B3.	Slide for Bacterial Vaginosis Gram Stain	Central	1	2	_____	
B4.	1 Glass Slide for Pap Smear	Central	1	2	_____	
B5.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 (a)	2	_____	3
	a.) IF YES, # of swabs:		_ _			
B6.	Swab for LCR for Chlamydia	Freeze Locally	1	2	_____	3*Φ
B7.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1	2	_____	3

*** THIS CERVICAL SWAB IS NOT OBTAINED ON WOMEN WITH NO CERVIX.
Φ THIS CERVICAL SWAB IS COLLECTED ONLY AT VISIT 1, VISIT 2, AND VISIT 3.
(DO NOT COLLECT AT VISIT 4 AND BEYOND.)**