

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY - FLOW CYTOMETRY
FORM L4**

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

VERSION DATE: **10/01/98**

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

A1. ARE TEST RESULTS AVAILABLE?

- Yes1 **(A2)**
 No, Sample Inadequate2 **(END)**
 No, Other Reason.....3

_____ **(END)**
(SPECIFY)

A2. DATE SAMPLE DRAWN:

_	_	_
M	D	Y

a. DATE SAMPLE PREPARED:

_	_	_
M	D	Y

b. Type of Flow Cytometry Test

- Two - color1 **(A3a)**
 CD45 gating2 **(A4a)**
 Three - color3 **(A4a)**
 Four - color4 **(A4a)**

A3.

QUADRANT #RESULT

- a) CD45 (Bright +) Q2 |_|_| %
 CD14+ (MONOS)
 b) CD45 (Bright +) Q4 |_|_|_| %
 CD14- (LYMPHS)

A4.

- a) CD3- CD4+ Q1 |_|_| %
 b) CD3+ CD4+ Q2 |_|_| %
 c) CD3- CD4- Q3 |_|_| %
 d) CD3+ CD4- Q4 |_|_| %

A5.

- a) CD3- CD8+ Q1 |_|_| %
 b) CD3+ CD8+ Q2 |_|_| %
 c) CD3- CD8- Q3 |_|_| %
 d) CD3+ CD8- Q4 |_|_| %

CODES FOR COMMENTS

- [01] SPECIMEN CLOTTED
- [02] SPEC. HELD AT 4 DEGREES C
- [03] SPEC. REC'D AT >25 DEGREES
- [04] SPECIMEN QNS
- [05] LAB ACCIDENT/ERROR
- [10] <2000 CELLS ANALYZED
- [11] INSUFFICIENT CELLS
- [12] HIGH FL SUBTRACTION REQ'D
- [20] SCATTER POOR, CANNOT SET GATE
- [24] DISTINCT LYMPH, CLUSTER NOT SEEN
- [31] HIGH BACKGROUND IN ALL TUBES
- [40] ANTIBODY PATTERN UNUSUAL
- [41] INCOMPLETE HEMOLYSIS
- [50] FLOW CYTOMETER MALFUNCTION
- [51] NRBCS PRESENT
- [52] DELAY IN SAMPLE SHIPMENT
- [99] OTHER

A6. COMMENTS

- Yes1
 No.....2 **(END)**

Comment Code (Please Specify if Comment Code is "99")

A7. |_|_| _____

A8. |_|_| _____

A9. |_|_| _____