

# HPV RESULTS BY PCR FROM CERVICO-VAGINAL LAVAGE SAMPLE

## FORM C52

WIHS SUBJECT ID#:

VISIT #: \_\_\_ \_\_\_

LAB ID #:

INITIALS: \_\_\_ \_\_\_ \_\_\_

VERSION DATE: 08/01/95

LABORATORY LOCATION: San Francisco ..... 1  
New York.....2

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

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A1. SAMPLE DATE:                            \_\_\_ M \_\_\_ / \_\_\_ D \_\_\_ / \_\_\_ Y \_\_\_

A2. DATE RECEIVED:                            \_\_\_ M \_\_\_ / \_\_\_ D \_\_\_ / \_\_\_ Y \_\_\_

A3. DATE PROCESSED:                            \_\_\_ M \_\_\_ / \_\_\_ D \_\_\_ / \_\_\_ Y \_\_\_

A4. BLOT NUMBER:                            \_\_\_ \_\_\_ \_\_\_

A5. SAMPLE SUFFICIENT FOR PCR?:            YES.....1  
NO..... 2 **(END)**

A6. SAMPLE BLOODY?:                            YES.....1  
NO..... 2

A7. GLOBIN AMPLIFICATION?:                    YES.....1  
NO..... 2

A8. HPV RESULTS BY GENERIC PROBE?:            HPV PRESENT.....1  
HPV ABSENT..... 2 **(END)**  
UNSATISFACTORY..... 3 **(END)**

A9. DOT BLOT RESULTS:

SIGNAL STRENGTH

a. HPV TYPE	_ _	1+	2+	3+	4+	5+
b. HPV TYPE	_ _	1+	2+	3+	4+	5+
c. HPV TYPE	_ _	1+	2+	3+	4+	5+
d. HPV TYPE	_ _	1+	2+	3+	4+	5+
e. HPV TYPE	_ _	1+	2+	3+	4+	5+
f. HPV TYPE	_ _	1+	2+	3+	4+	5+
g. HPV TYPE	_ _	1+	2+	3+	4+	5+
h. HPV TYPE	_ _	1+	2+	3+	4+	5+
i. HPV TYPE	_ _	1+	2+	3+	4+	5+
j. HPV TYPE	_ _	1+	2+	3+	4+	5+
k. HPV TYPE	_ _	1+	2+	3+	4+	5+
l. HPV TYPE	_ _	1+	2+	3+	4+	5+