

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

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

VISIT #: _____

FORM COMPLETED BY: _____

VERSION DATE **04/01/00**

WIHS SPECIMENS:

1. Specimen Type:

- Plasma1
- CVL2
- Saliva3
- Cervical Swab4

2. Specimen Date: ___/___/___

M D Y

3. Assay: NASBA.....1

Plasma2

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:

___ _ _ _ _