

WOMEN'S INTERAGENCY HIV STUDY
F29: BLOOD SPECIMEN COLLECTION FORM

ID LABEL
 HERE ---> ---

VISIT #:
 FORM COMPLETED BY:

VERSION DATE REVISED 04 / 01 / 06

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

IF BLOOD DRAW OCCURRED AT TWO DIFFERENT TIMES AND/OR DATES FOR THIS VISIT, COMPLETE THE INFORMATION REQUESTED IN SECTIONS A AND B, THEN INDICATE TOTAL NUMBER OF TUBES COLLECTED DURING BOTH BLOOD DRAWS IN SECTION C. IF ONLY ONE BLOOD DRAW OCCURRED, COMPLETE SECTION A AND PROCEED DIRECTLY TO SECTION C.

A. FIRST BLOOD DRAW

A1. DATE BLOOD DRAWN: M / D / Y

A2. TIME BLOOD DRAWN: : AM..... 1
 PM..... 2

A3. PHLEBOTOMIST'S INITIALS

A4. When was the last date and time you had anything to eat or drink other than water? It is very important that you tell me when you last had **anything to eat or drink other than water**, even gum or coffee.

a. DATE: M / D / Y b. TIME: : AM..... 1
 PM..... 2

A5. **INTERVIEWER:** WAS PARTICIPANT FASTING FOR BLOOD DRAW, I.E., DID SHE HAVE **NOTHING** TO EAT OR DRINK OTHER THAN WATER FOR AT LEAST EIGHT HOURS PRIOR TO BLOOD DRAW?
 FASTING.....1
 NOT FASTING2

A6. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?
 YES..... 1
 NO..... 2 **(A8)**
 N/A (Not drawn this date)..... 3 **(A8)**

A7. TIME CPT TUBES CENTRIFUGED: : AM..... 1
 PM..... 2

A8. WAS GOLD OR TIGER-TOP SST TUBE FOR METABOLIC PANEL (TC, HDL-C, TRIG, LDL-C, insulin) CENTRIFUGED IN CLINIC WITHIN 1 HOUR OF COLLECTION; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?
 YES..... 1
 NO..... 2 **(A10)**
 N/A (Not drawn this date)..... 3 **(A10)**

A9. TIME TUBES CENTRIFUGED: : AM..... 1
 PM..... 2

C. BLOOD DRAW (LISTED IN ORDER OF CORRECT BLOOD DRAW)

PROMPT: FOR TUBES SHADED IN GRAY, COLLECT BLOOD ONLY IF THE PARTICIPANT IS FASTING.

	<u>TEST TYPE</u>	<u>TUBE TYPE</u> <i>(Tube Vol)</i>	<u>WHOLE BLOOD VOLUME</u>	<u>a.) SPECIMEN COLLECTED</u>			<u>b.) REQUIRED VOLUME COLLECTED</u>		<u>c.) ESTIMATED VOLUME COLLECTED</u>
				<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	
C1.	HIV Ab *	Red-Top <i>(3 ml)</i> IF NO SPECIFY REASON	1-2 ml	1	2	3*	1 (C2)	2	_ _ mls.
				i. _____					
C2.	Liver/Renal Function	Red-Top or SST <i>(5 ml)</i> IF NO SPECIFY REASON	2-5 ml	1	2		1 (C3)	2	_ _ mls.
				i. _____					
C3.	Serum Repository	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C4)	2	_ _ mls.
				i. _____					
C4.	TC, HDL-C, TRIG, LDL-C, insulin ♣	Tiger-top SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2	3♣	1 (C5)	2	_ _ mls.
				i. _____					
C5.	Plasma & Cells Repository †	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C6)	2	_ _ mls.
				i. _____					
C6.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C7)	2	_ _ mls.
				i. _____					
C7.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C8)	2	_ _ mls.
				i. _____					
C8.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C9)	2	_ _ mls.
				i. _____					
C9.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C10)	2	_ _ mls.
				i. _____					

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	<u>TEST TYPE</u>	<u>TUBE TYPE</u> <i>(Tube Vol)</i>	<u>WHOLE BLOOD VOLUME</u>	<u>a.) SPECIMEN COLLECTED</u>			<u>b.) REQUIRED VOLUME COLLECTED</u>		<u>c.) ESTIMATED VOLUME COLLECTED</u>
				<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	
C10.	CBC/Diff ☼	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3☼	1 (C11)	2	_ _ mls.
				i. _____					
C11.	T-Cell Subsets ☼	Lavender-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3☼	1 (C13)	2	_ _ mls.
				i. _____					
C13.	Glucose ‡	Gray-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3‡	1 (END)	2	_ _ mls.
				i. _____					

- * Not required after visit one on HIV positive women.
- ♣ Collect once every two years only, beginning after visit 27 (i.e., at visits 31 and 35). Specimen should be collected regardless of whether or not participant is fasting.
- † Includes plasma to be used for viral quantification by RNA PCR.
- ☼ For HIV-seronegative participants, collect annually at even visits only.
- ‡ Collect once every two years only, beginning after visit 27 (i.e., at visits 31 and 35). Specimen should be collected only if participant is fasting.