

SPANISH VERSION
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. ¿Cuándo fue la última vez que comió o bebió algo que no fuera agua? Es muy importante que me diga cuándo fue la última vez que **comió o bebió algo que no fuera agua**, aún si fue goma de mascar o café.

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

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.
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.
C3.	Serum Repository	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C4)	2	mls.
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.
C5.	Plasma & Cells Repository †	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C6)	2	mls.
C6.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C7)	2	mls.
C7.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C8)	2	mls.
C8.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C9)	2	mls.
C9.	Plasma & Cell Repository	CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON	8 ml	1	2		1 (C10)	2	mls.

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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.