





**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. _____					

	<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 (C12)	2	_ _  mls.
				i. _____					
C12.	EDTA Plasma †	Lavender-Top <i>(6 ml)</i> IF NO SPECIFY REASON	5-6 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.