

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 (SECTION C)
 N/A (Not drawn this date) 3 (SECTION C)

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

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

| TEST TYPE | TUBE TYPE (Tube Vol) | WHOLE BLOOD VOLUME | a.) SPECIMEN COLLECTED | | | b.) REQUIRED VOLUME COLLECTED | | c.) ESTIMATED VOLUME COLLECTED |
|--------------------------------------|---|--------------------|---|----|-----|-------------------------------|----|--------------------------------|
| | | | YES | NO | N/A | YES | NO | |
| C1. HIV Ab / WB | Red-Top (3 ml) IF NO SPECIFY REASON | 1-2 ml | 1 | 2 | | 1 (C2) | 2 | _ _ mls. |
| | | | i. _____ | | | | | |
| C2. Liver/Renal Function | Red-Top or SST (3-5 ml) IF NO SPECIFY REASON | 2-4 ml | 1 | 2 | | 1 (C3) | 2 | _ _ mls. |
| | | | i. _____ | | | | | |
| C3. TC, HDL-C, TRIG, LDL-C, insulin | Tiger-top SST (10 ml) IF NO SPECIFY REASON | 8.5 ml | 1 | 2 | | 1 (C4) | 2 | _ _ mls. |
| | | | i. _____ | | | | | |
| C4. Hepatitis B & C serology | Red-Top or SST (5 ml) IF NO SPECIFY REASON | 4 ml | 1 | 2 | | 1 (C5) | 2 | _ _ mls. |
| | | | i. _____ | | | | | |
| C5. RPR Syphilis ^a | Red-Top or SST (3 ml) IF NO SPECIFY REASON | 2 ml | 1 | 2 | 3 | 1 (C6) | 2 | _ _ mls. |
| | | | i. _____ | | | | | |
| | | | ^a RPR Syphilis can be done on chem. panel (C2) tube, if preferred. | | | | | |
| C6. Serum Repository (HCV RNA, etc.) | Red-Top or SST (10 ml) IF NO SPECIFY REASON | 8.5 ml | 1 | 2 | | 1 (C7) | 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> | |
| C7. | Serum Repository (sex steroids) | Red-Top or SST <i>(5 ml)</i> IF NO SPECIFY REASON | 4 ml | 1 | 2 | | 1 (C8) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C8. | Serum Repository | Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON | 8.5 ml | 1 | 2 | | 1 (C9) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C9. | Serum Repository | Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON | 8.5 ml | 1 | 2 | | 1 (C10) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C10. | Serum Repository | Red-Top or SST <i>(5 ml)</i> IF NO SPECIFY REASON | 4 ml | 1 | 2 | | 1 (C11) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C11. | Plasma & Cells Repository | CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON | 8 ml | 1 | 2 | | 1 (C12) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C12. | Plasma & Cell Repository | CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON | 8 ml | 1 | 2 | | 1 (C13) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C13. | Plasma & Cell Repository | CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON | 8 ml | 1 | 2 | | 1 (C14) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C14. | Plasma & Cell Repository | CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON | 8 ml | 1 | 2 | | 1 (C15) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C15. | Plasma & Cell Repository | CPT Tube <i>(10 ml)</i> IF NO SPECIFY REASON | 8 ml | 1 | 2 | | 1 (C17) | 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> | |
| C17. | CBC/Diff | Lavender-Top <i>(pediatric)</i> IF NO SPECIFY REASON | 2.5 ml | 1 | 2 | | 1 (C18) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C18. | T-Cell Subsets | Lavender-Top <i>(pediatric)</i> IF NO SPECIFY REASON | 2.5 ml | 1 | 2 | | 1 (C19) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C19. | EDTA Plasma ^c | Lavender-Top <i>(6 ml)</i> IF NO SPECIFY REASON | 5-6 ml | 1 | 2 | 3 ^c | 1 (C20) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| ^c Collect from HIV-seropositive participants only. Includes plasma to be used for viral quantification by RNA PCR. | | | | | | | | | |
| C20. | Hemoglobin A1c | Lavender-Top or PPT <i>(pediatric)</i> IF NO SPECIFY REASON | 2.5 ml | 1 | 2 | | 1 (C21) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |
| C21. | Glucose ^d | Gray-Top <i>(3 ml)</i> IF NO SPECIFY REASON | 2.5 ml | 1 | 2 | 3 ^d | 1 (END) | 2 | _ _ mls. |
| | | | | i. _____ | | | | | |

^d Specimen should be collected only if participant is fasting.