

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	3	1 (C2)	2	<input type="text"/> 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	<input type="text"/> 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	<input type="text"/> mls.
			i. _____					
C4. Hepatitis B & C serology	Red-Top or SST (5 ml) IF NO SPECIFY REASON	4 ml	1	2		1 (C5)	2	<input type="text"/> mls.
			i. _____					
C5. RPR Syphilis ^a	Red-Top or SST (3 ml) IF NO SPECIFY REASON	2 ml	1	2	3	1 (C6)	2	<input type="text"/> 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	<input type="text"/> 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.