

SPANISH VERSION

WOMEN'S INTERAGENCY HIV STUDY
F29r: BLOOD SPECIMEN COLLECTION FORM – NEW RECRUITS

ID LABEL HERE ---> []-[]-[]-[]-[]-[]-[]-[]

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE REVISED 04/01/13

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

A. BLOOD DRAW

A1. DATE BLOOD DRAWN: _____ / _____ / _____
M D Y

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

a. IS THIS PARTICIPANT'S FIRST OR SECOND BLOOD DRAW FOR THIS VISIT?

FIRST..... 1
SECOND..... 2

A3. PHLEBOTOMIST'S INITIALS _____

A4. ¿Cuándo fue la última vez que comió o bebió algo que no fuera agua, incluyendo goma de mascar, té 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

	<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. _____					

WIHS ID #

	<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.