

WOMEN'S INTERAGENCY HIV STUDY
BLOOD SPECIMEN COLLECTION FORM – NEW RECRUITS
FORM 29r

ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_|

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE REVISED **10/01/01**

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

SECTION A.

IF BLOOD DRAW OCCURS AT TWO DIFFERENT TIMES AND/OR DATES FOR THIS VISIT, COMPLETE THE INFORMATION REQUESTED IN A1–A11, THEN INDICATE TOTAL NUMBER OF TUBES COLLECTED DURING BOTH BLOOD DRAWS IN SECTION B. IF ONLY ONE BLOOD DRAW OCCURRED, COMPLETE A1–A6 AND PROCEED TO SECTION B.

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

A2. TIME BLOOD DRAWN: _____ : _____ AM1
PM.....2

A3. PHLEBOTOMIST'S INITIALS _____

A4. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)
 YES..... 1
 NO 2 **(A6)**
 N/A (Not drawn this date) 3 **(A6)**

A5. TIME CPT TUBES CENTRIFUGED: _____ : _____ AM1
PM.....2

A6. WAS BLOOD DRAWN ON A SECOND DATE FOR THIS VISIT?
 YES..... 1
 NO 2 **(B1)**

A7. DATE OF SECOND BLOOD DRAW: _____ / _____ / _____
M D Y

A8. TIME OF SECOND BLOOD DRAW: _____ : _____ AM1
PM.....2

A9. PHLEBOTOMIST'S INITIALS _____

A10. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)
 YES..... 1
 NO 2 **(B1)**
 N/A (Not drawn this date) 3 **(B1)**

A11. TIME CPT TUBES CENTRIFUGED: _____ : _____ AM1
PM.....2

SECTION B. BLOOD DRAW (LISTED IN ORDER OF PRIORITY)

	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>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>	
B1.	HIV Ab	Red-Top or Tiger-Top SST	1-2 ml	1	2	3*	1 (B2)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B2.	CBC/Diff	Purple-Top	2-5 ml	1	2		1 (B3)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B3.	T-Cell Subsets	Purple-Top	2-5 ml	1	2		1 (B4)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B4.	Plasma & Cells Repository **	CPT Tube	8 ml	1	2		1 (B5)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B5.	Plasma & Cell Repository	CPT Tube	8 ml	1	2		1 (B6)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B6.	Plasma & Cell Repository	CPT Tube	8 ml	1	2		1 (B7)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B7.	Plasma & Cell Repository	CPT Tube	8 ml	1	2		1 (B8)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B8.	Plasma & Cell Repository	CPT Tube	8 ml	1	2		1 (B9)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B9.	Save and batch serology	Red-Top or Tiger-Top SST	4 ml	1	2		1 (B10)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					
B10.	Liver/Renal Function	Red-Top or Tiger-Top SST	2-5 ml	1	2		1 (B11)	2	_ _ mls.
		IF NO SPECIFY REASON		i. _____					

	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>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>	
B11.	Hepatitis B & C	Red-Top or Tiger-top SST IF NO SPECIFY REASON	2 ml	1	2		1 (B12)	2	mls.
B12.	RPR Syphilis	Red-Top or Tiger-top SST IF NO SPECIFY REASON	2 ml	1	2		1 (B13)	2	mls.
B13.	Insulin/Lipids Repository ***	Tiger-top SST IF NO SPECIFY REASON	5 ml	1	2		1 (B14)	2	mls.
B14.	Hemoglobin A1c Repository ***	Purple-Top (pediatric) IF NO SPECIFY REASON	2.5 ml	1	2		1 (B15)	2	mls.
B15.	Glucose Repository ***	Gray-Top (3 ml size) IF NO SPECIFY REASON	3 ml	1	2		1 (B16)	2	mls.
B16.	Serum Repository	Red-Top or Tiger-Top IF NO SPECIFY REASON	10 ml	1	2		1 (B17)	2	mls.
B17.	Repository	Red-Top or Tiger-Top IF NO SPECIFY REASON	10 ml	1	2		1 (END)	2	mls.

* Not required at baseline visit on HIV+ new recruits with documented Western Blot positive test results
 ** Includes plasma to be used for viral quantification by RNA PCR
 *** Collect on all participants, whether or not fasting.