

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

ID LABEL

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HERE --->

VISIT #: FORM COMPLETED BY:

VERSION DATE REVISED 10 / 02 / 11

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

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

A0. DOES PARTICIPANT FALL INTO THE FOLLOWING CATEGORY:

a. PARTICIPANT IN HPV SUBSTUDY?

YES 1
NO..... 2

PROMPT: IF A0a = YES, COLLECT TUBE LABELED FOR “HPV SUBSTUDY,” I.E., TUBE C16.

B. SECOND BLOOD DRAW (if necessary)

PROMPT: IF SECOND BLOOD DRAW IS PERFORMED, COMPLETE A SECOND F29a FORM PRIOR TO BLOOD DRAW.

B1. DATE OF SECOND BLOOD DRAW: ___M___ / ___D___ / ___Y___

B2. TIME OF SECOND BLOOD DRAW: |__|_| : |__|_| AM 1
 PM 2

B3. PHLEBOTOMIST'S INITIALS ___ ___ ___

B4. When was the last date and time you had anything to eat or drink other than water, including gum, tea or coffee.

a. DATE: ___M___ / ___D___ / ___Y___

b. TIME: |__|_| : |__|_| AM 1
 PM 2

B5. **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

B6. WERE CPT TUBES CENTRIFUGED IN CLINIC; (i.e., PRIOR TO SENDING TO LAB FOR PROCESSING)?

YES 1
 NO 2 **(B8)**
 N/A (Not drawn this date) 3 **(B8)**

B7. TIME CPT TUBES CENTRIFUGED: |__|_| : |__|_| AM 1
 PM 2

B8. 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)**

B9. TIME TUBES CENTRIFUGED: |__|_| : |__|_| AM 1
 PM 2

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

PROMPT: TUBES SHADED IN GRAY ARE FOR SUBSTUDIES AND WILL NOT BE COLLECTED FROM ALL PARTICIPANTS. SEE CHECKLIST IN A0 AND FOOTNOTES FOR DETAILS.

	<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 / WB	Red-Top <i>(3 ml)</i> IF NO SPECIFY REASON	1-2 ml	1	2		1 (C2)	2	mls.
C2.	Liver/Renal Function	Red-Top or SST <i>(3-5 ml)</i> IF NO SPECIFY REASON	2-4 ml	1	2		1 (C3)	2	mls.
C3.	TC, HDL-C, TRIG, LDL-C, insulin	Tiger-top SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C4)	2	mls.
C4.	Hepatitis B & C serology	Red-Top or SST <i>(5 ml)</i> IF NO SPECIFY REASON	4 ml	1	2		1 (C5)	2	mls.
C5.	RPR Syphilis ^a	Red-Top or SST <i>(3 ml)</i> IF NO SPECIFY REASON	2 ml	1	2	3	1 (C6)	2	mls.
C6.	Serum Repository (HCV RNA, etc.)	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C7)	2	mls.
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.
C8.	Serum Repository	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C9)	2	mls.
C9.	Serum Repository	Red-Top or SST <i>(10 ml)</i> IF NO SPECIFY REASON	8.5 ml	1	2		1 (C10)	2	mls.

	<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.	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 (C16)	2	mls.
				i. _____					
C16.	Fresh blood for HPV Study ^b	Green-Top <i>(10 ml)</i> IF NO SPECIFY REASON	10 ml	1	2	3 ^b	1 (C17)	2	mls.
				i. _____					
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. _____					

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				<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	
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. _____					

^a RPR Syphilis can be done on chem. panel (C2) tube, if preferred.

^b Collect only from participants in Howard Strickler’s HPV substudy, to be shipped overnight to Landay laboratory.

^c Collect from HIV-seropositive participants only. Includes plasma to be used for viral quantification by RNA PCR.

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