

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

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

VISIT #: \_\_\_\_\_ FORM COMPLETED BY: \_\_\_\_\_

VERSION DATE REVISED 10 / 01 / 10

**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.**

**A. FIRST BLOOD DRAW**

A1. DATE BLOOD DRAWN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

A2. TIME BLOOD DRAWN: \_\_\_\_\_ : \_\_\_\_\_ AM ..... 1  
PM ..... 2

A3. PHLEBOTOMIST'S INITIALS \_\_\_\_\_

A4. When was the last date and time you had anything to eat or drink other than water, including gum, tea or coffee.

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

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 (A10)  
 N/A (Not drawn this date) ..... 3 (A10)

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



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

**PROMPT: FOR TUBES SHADED IN GRAY, COLLECT BLOOD ONLY IF THE PARTICIPANT IS FASTING.**

	<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.
				i. _____					
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.
				i. _____					
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.
				i. _____					
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.
				i. _____					
C5.	RPR Syphilis *	Red-Top or SST <i>(3 ml)</i> IF NO SPECIFY REASON	2 ml	1	2	3	1 (C6)	2	_ _  mls.
				i. _____					
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.
				i. _____					
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. _____					

	<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.	CBC/Diff	Lavender-Top <i>(pediatric)</i> IF NO SPECIFY REASON	2.5 ml	1	2		1 (C17)	2	_ _  mls.
				i. _____					
C17.	T-Cell Subsets	Lavender-Top <i>(pediatric)</i> IF NO SPECIFY REASON	2.5 ml	1	2		1 (C18)	2	_ _  mls.
				i. _____					
C18.	EDTA Plasma †	Lavender-Top <i>(6 ml)</i> IF NO SPECIFY REASON	5-6 ml	1	2	3 †	1 (C19)	2	_ _  mls.
				i. _____					
C19.	Hemoglobin A1c	Lavender-Top or PPT <i>(pediatric)</i> IF NO SPECIFY REASON	2.5 ml	1	2		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.	Glucose ‡	Gray-Top (3 ml) IF NO SPECIFY REASON	2 ml	1	2	3‡	1 (END)	2	_ _  mls.
				i. _____					

- \* RPR Syphilis can be done on chem. panel (C2) tube, if preferred.
- † Collect from HIV-seropositive participants only. Includes plasma to be used for viral quantification by RNA PCR.
- ‡ Specimen should be collected only if participant is fasting.