





**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.
				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 <sup>a</sup>	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. _____					

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				<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 <sup>b</sup>	Green-Top <i>(10 ml)</i> IF NO SPECIFY REASON	10 ml	1	2	3 <sup>b</sup>	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 <sup>c</sup>	Lavender-Top <i>(6 ml)</i>	5-6 ml	1	2	3 <sup>c</sup>	1 (C20)	2	_ _  mls.

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			i. _____			<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
			<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.		
C21. Glucose <sup>d</sup>	Gray-Top <i>(3 ml)</i> IF NO SPECIFY REASON	2.5 ml	1	2	3 <sup>d</sup>	1 (END)	2	_ _  mls.		

<sup>a</sup> RPR Syphilis can be done on chem. panel (C2) tube, if preferred.

<sup>b</sup> Collect only from participants in Howard Strickler's HPV substudy, to be shipped overnight to Landay laboratory.

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

<sup>d</sup> Specimen should be collected only if participant is fasting.