

WOMEN'S INTERAGENCY HIV STUDY
SPECIMENS COLLECTED DURING THE PHYSICAL EXAM
FORM 31

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

VISIT #: _____ FORM COMPLETED BY:

VERSION DATE **04/01/04**

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

SECTION A. URINE TESTS

A1. DATE URINE SPECIMENS COLLECTED: _____ / _____ / _____
 M D Y

	<u>TEST TYPE</u>	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
A2.	Pregnancy Test	Exam Site	1* (A5)	2	_____	3*
A5.	Urine for LCR	Freeze Locally	1 (B1)	2	_____	3**

* **REQUIRED FOR EVERY WOMAN UNLESS SHE IS : S/P HYSTERECTOMY OR ≥ 50 YEARS OF AGE.**
 ****COLLECT URINE FOR LCR ANNUALLY ON ODD VISITS ONLY (VISIT 1, VISIT 3, VISIT 5, ETC.)**

SECTION B. GYN SPECIMENS

B1. DATE GYN SPECIMENS COLLECTED: _____ / _____ / _____
 M D Y

	<u>SPECIMEN TYPE</u>	<u>LAB</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
B2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 (B2a)	2	_____	
	a.) IF YES, time of collection:			_ _ : _ _	AM.....1 PM.....2	
B3.	Slide for Bacterial Vaginosis Gram Stain	Central	1 (B4)	2	_____	
B4.	1 Glass Slide for Pap Smear	Central	1 (B5)	2	_____	
B5.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 (B5a)	2	_____	3 (B7)
	a.) IF YES, # of swabs:			_ _		
B7.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (B8)	2	_____	3
B8.	1 Cervical Swab for Viral Load	Central	1 (C1)	2	_____	

WIHS ID #

SECTION C. HAIR SPECIMEN

<u>SPECIMEN TYPE</u>	<u>LAB</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
C1. Hair	Central	1 (C1a)	2		(END) 3

C1.a.) If YES, from where was the sample taken:

Occipital region of the scalp (preferred) 1 **(C1b)**

Other regions of scalp..... 2 **(SPECIFY)**

Specify **(C1b)**

C1.b.) Date hair specimen collected:

___ / ___ / ___
M D Y