

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

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

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **10/01/04**

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* (B1)	2	_____	3*

* **REQUIRED FOR EVERY WOMAN UNLESS SHE IS : S/P HYSTERECTOMY OR ≥ 50 YEARS OF AGE.**

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 (a)	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 (a)	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 (a)	2	(END)	3 †

† Circle “N/A” **only** if participant is HIV-negative, or is HIV-positive and is not currently taking any antiretroviral medications.

a. From where was the sample taken?

Occipital region of scalp (preferred)..... 1 (b)

Nape / base of neck..... 3 (b)

Other regions of scalp 2

SPECIFY: _____

b. Date hair specimen collected:

___ / ___ / ___
M D Y