

WOMEN'S INTERAGENCY HIV STUDY
QUESTION BY QUESTION SPECIFICATIONS
FORM 31: SPECIMENS COLLECTED DURING THE PHYSICAL EXAM

SECTION A. URINE SPECIMENS

- A1. Indicate whether or not a urine specimen was collected for a pregnancy test. If “YES,” go to **A2**. If collection was indicated but not done, record “NO” and specify the reason why the specimen was not collected. If not applicable, circle code “3.” During follow up there are only two reasons why a urine pregnancy test is not applicable: if the participant is 1) s/p hysterectomy or 2) greater than 50 years of age. Otherwise, urine pregnancy tests are required routinely on all participants, including those currently pregnant, during follow up.
- A2. If urine was collected for a pregnancy test, record the date of collection in MM/DD/YY format.

SECTION B. GYN SPECIMENS

- B1a. Indicate if any gyn specimens were collected from the participant. If no gyn specimens were collected, specify why not, then skip to **Section C**.
- b. Record the date the GYN specimens were collected in MM/DD/YY format.
- B2. Indicate whether or not a minimum of 6 ml of CVL fluid was collected by circling the appropriate response code. If “YES,” go to **B2a** and enter the time of collection. If “NO,” specify the reason why the CVL specimen was not collected.
- B3. Indicate whether or not a slide for bacterial vaginosis gram stain was collected by circling the appropriate response code. If “YES,” go to **B4**. If “NO”, specify the reason why the BV gram stain specimen was not collected.
- B4. Indicate whether or not a slide for Pap smear was collected by circling the appropriate response code. If “YES,” go to **B5**. If “NO”, specify the reason why the Pap smear specimen was not collected.
- B5. Indicate whether or not a swab for syphilis DFA was collected by circling the appropriate response code. NOTE: This specimen is collected only if there are ulcers and/or fissures present upon examination. Therefore, if there are none present, circle code “3” (N/A) and go to **B7**. If “YES,” go to **B5a** and indicate the number of swabs collected for syphilis DFA testing. If no swab was taken for syphilis DFA and it was indicated (ulcers and or fissure on exam), specify the reason why the swab for syphilis DFA was not collected.
- B7. Indicate whether or not a swab for trichomonas culture was collected by circling the appropriate response code. NOTE: This is an optional test. If your site is not performing trichomonas cultures, circle code “3” (N/A). If “YES,” circle code “1” and go to **B8**. If your site is performing trichomonas cultures and the swab was not collected, circle code “2” and specify the reason why the swab for trichomonas culture was not collected.
- B8. Indicate whether or not a cervical swab was collected by circling the appropriate response.

SECTION C. HAIR SPECIMEN

- C1. Indicate whether or not a hair specimen was collected. If “YES,” go to **C1a**. If “NO,” specify the reason why the specimen was not collected and end the form.

Circle “N/A” only if the participant is HIV-1 negative, or is HIV-1 positive and has not taken any antiretroviral medications since her last study visit.

- a. If a hair sample was obtained, circle “1” to indicate that it was taken from the occipital region of the scalp. Circle “3” if the sample was taken from the nape or base of the participant’s neck. Circle “2” if the sample was taken from somewhere else and then specify the location.
- b. Record the date the hair specimen was collected in MM/DD/YY format.