

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

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

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **10/01/05**

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

SECTION A. URINE TESTS

<u>TEST TYPE</u>	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
A1. Pregnancy Test	Exam Site	1* (A2)	2	_____ (B1)	3* (B1)

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

A2. DATE URINE SPECIMENS COLLECTED: _____ / _____ / _____
M D Y

SECTION B. GYN SPECIMENS

B1. a. WERE ANY GYN SPECIMENS COLLECTED?

YES 1 (b)
 NO 2

IF NO, SPECIFY REASON: _____ (SECTION C)

b. 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 † (END)

† Circle "N/A" **only** if participant is HIV-negative, or is HIV-positive and has not taken any antiretroviral medications since her last study visit.

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