

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

ID LABEL HERE --->

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VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **10/01/05a**

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. 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>
B1. Hair	Central	1 (a)	2	_____	(C1) 3 † (C1)

† 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

PROMPT: IF PARTICIPANT PROVIDED A HAIR SPECIMEN, COMPLETE FORM F31a (HAIR COLOR, TEXTURE, AND TREATMENT HISTORY).
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WIHS ID #

SECTION C. GYN SPECIMENS

C1. a. WERE ANY GYN SPECIMENS COLLECTED?

YES..... 1 (b)
NO..... 2

IF NO, SPECIFY REASON: _____ (END)

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>
C2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 (a)	2	_____	
	a.) IF YES, time of collection:		_ _ : _ _		AM.....1 PM.....2	
C3.	Slide for Bacterial Vaginosis Gram Stain	Central	1 (C4)	2	_____	
C4.	1 Glass Slide for Pap Smear	Central	1 (C5)	2	_____	
C5.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 (a)	2	_____	3 (C7)
	a.) IF YES, # of swabs:		_ _			
C7.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (C8)	2	_____	3
C8.	1 Cervical Swab for Viral Load	Central	1 (END)	2	_____	