

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

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

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE **10/01/10**

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* (a)	2	_____ (A2)	3* (A2)
a. DATE OF COLLECTION					
		_ / _ / _	_ / _ / _	_ / _ / _	
		M	D	Y	
A2. Urine for repository	Freeze locally	1§ (a)	2	_____ (B1)	3§ (B1)
a. DATE OF COLLECTION					
		_ / _ / _	_ / _ / _	_ / _ / _	
		M	D	Y	
b. Time of collection:					
			_ : _	AM.....1	
				PM.....2	

* **REQUIRED FOR EVERY WOMAN UNLESS SHE IS : S/P HYSTERECTOMY OR ≥ 50 YEARS OF AGE.**
 § **COLLECT URINE FOR REPOSITORY ANNUALLY AT ODD VISITS ONLY (VISIT 31, VISIT 33, ETC.).**

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 in the past four weeks.

- 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

WIHS ID #

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

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	_____ (C3)	
	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.	1 Cervical swab for HPV DNA	Central	1 (C6)	2	_____	
C6.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (END)	2	_____	3