

WIHS ID #

SECTION C: GYN SPECIMENS

C1. 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 (C2a)	2	_____ (C3)	
	a.) IF YES, time of collection:		_ _ : _ _		AM.....1 PM.....2	
C3.	Vaginal Candida Culture on Culturette	Central Repository	1 (C4)	2	_____	
C4.	Slide for Bacterial Vaginosis Gram Stain	Central	1 (C5)	2	_____	
C5.	Swab of ulcer and/or fissure for HSV Culture	Local	1 (C5a)	2	_____ (C6)	3 (C6)
	a.) IF YES, # of swabs:		_ _			
C6.	1 Glass Slide for Pap Smear	Central	1 (C7)	2	_____	
C7.	Swab of ulcer and/or fissure for Syphilis DFA	Central	1 (C7a)	2	_____ (C8)	3 (C8)
	a.) IF YES, # of swabs:		_ _			
C8.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (C9)	2	_____	3
C9.	1 Cervical Swab for Viral Load	Central	1 (END)	2	_____	