

**WOMEN'S INTERAGENCY HIV STUDY**

**F31r: SPECIMENS COLLECTED DURING THE PHYSICAL EXAM – NEW RECRUITS**

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 B. URINE SPECIMENS**

B1. DATE URINE SPECIMENS COLLECTED: \_\_\_\_\_  
M D Y

a. Time of collection: \_\_\_\_\_ AM.....1  
PM.....2

**PROMPT: IF SPECIMENS FOR URINALYSIS AND REPOSITORY ARE COLLECTED ON A DIFFERENT DATE THAN THE SPECIMEN FOR PREGNANCY TEST, RECORD THE DATE AND TIME SPECIMENS FOR URINALYSIS AND REPOSITORY WERE COLLECTED.**

	<u>SPECIMEN TYPE</u>	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
B2.	Pregnancy Test	Exam Site	1* (B3)	2	_____	3*
B3.	Urine for urinalysis	Local	1 (B4)	2	_____	
B4.	Urine for Repository	Freeze Locally	1 (C1)	2	_____	

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

**SECTION C. HAIR SPECIMEN**

	<u>SPECIMEN TYPE</u>	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
C1.	Hair	Central Lab	1* (a)	2	_____ (D1)	3** (D1)

**\*\* 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
  - Nape / base of neck.....3
  - Other region of scalp .....2

SPECIFY: \_\_\_\_\_

b. Date hair specimen collected: \_\_\_\_\_  
M D Y

WIHS ID #

**SECTION D: GYN SPECIMENS**

D1. 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>
D2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 <b>(a)</b>	2	_____ <b>(D3)</b>	
	a.) IF YES, time of collection:		_ _   :		AM.....1	
			_ _		PM.....2	
D4.	Slide for Bacterial Vaginosis Gram Stain	Central	1 <b>(D5)</b>	2	_____	
D5.	1 Swab for Chlamydia and gonorrhea testing	Local	1 <b>(D6)</b>	2	_____	
D6.	1 Glass Slide for Pap Smear	Central	1 <b>(D7)</b>	2	_____	
D7.	1 Cervical swab for HPV DNA	Central Repository	1 <b>(D8)</b>	2	_____	
D8.	<u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 <b>(END)</b>	2	_____	3