

**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 BILATERAL OOPHERECTOMY OR ≥ 50 YEARS OF AGE.  
§ SAMPLE CAN BE KEPT AT ROOM TEMPERATURE FOR LOCAL TESTS CONDUCTED WITHIN 4 TO 6 HOURS. OTHERWISE KEEP SAMPLE AT 4°C UNTIL PROCESSING.

**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.**

- 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

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

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 (a)	2	_____ (D3)	
a.) IF YES, time of collection:		<input type="text"/> : <input type="text"/>		AM.....1	PM.....2

**IF CVL WILL NOT BE PROCESSED WITHIN 1 HOUR OF COLLECTION, KEEP SAMPLE AT LESS THAN 10°C TO PREVENT MICROBIAL GROWTH.**

D4. Slide for Bacterial Vaginosis Gram Stain	Central	1 (D5)	2	_____	
D5. 1 Swab for Chlamydia and gonorrhea testing	Local	1 (D6)	2	_____	
D6. 1 Glass Slide for Pap Smear	Central	1 (D7)	2	_____	
D7. 1 Cervical swab for HPV DNA	Central Repository	1 (D8)	2	_____	
D8. <u>Optional</u> : Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 (END)	2	_____	3