WOMEN'S INTERAGENCY HIV STUDY

F31r: SPECIMENS COLLECTED DURING THE PHYSICAL EXAM – NEW RECRUITS

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

VISIT #: ___ ___

FORM COMPLETED BY: ___ ___ ___

VERSION DATE **1 0 / 0 1 / 1 3**

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.

	SPECIMEN TYPE	LOCATION	YES	NO	IF NO, SPECIFY REASON	N/A
B2.	Pregnancy Test	Exam Site	1* **(B2a)**	2	_____ **(B3)**	3* **(B3)**
	a. RESULT:					
	POSITIVE..... 1					
	NEGATIVE 2					
	INDETERMINATE..... 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

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

**** Circle "N/A" only if participant is HIV-negative or HIV-positive and not reporting antiretroviral medication use in the past six months.**

a. From where was the sample taken?
Occipital region of scalp (preferred).....1
Nape / base of neck.....3
Other region of scalp 2

SPECIFY: _____

WIHS ID #

b. Date hair specimen collected: |___|___|/|___|___|/|___|___|
M D Y

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

SECTION D: GYN SPECIMENS

D1. DATE GYN SPECIMENS COLLECTED: |___|___|/|___|___|/|___|___|
M D Y

	SPECIMEN TYPE	LAB	YES	NO	IF NO, SPECIFY REASON	N/A
D2.	Minimum 6 ml CVL Fluid	Local for Aliquoting and Freezing	1 **(a)**	2	_____ **(D3)**	
	a.) IF YES, time of collection:		|___|___| : |___|___|		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.	Optional: Swab in Diamonds Media for Trichomonas Culture	Exam Site	1 **(END)**	2	_____	3