

**WOMEN'S INTERAGENCY HIV STUDY**  
**INFLUENZA SUBSTUDY**  
**BLOOD SPECIMEN COLLECTION FORM (FLU03)**

ID LABEL  
HERE → ----

FORM COMPLETED BY:

VERSION DATE **11/11/09**

THIS FORM SHOULD ONLY BE USED FOR PARTICIPANTS ENROLLED IN THE INFLUENZA STUDY WHO:  
1) ATTEND ENROLLMENT VISITS AND 2) ATTEND A SPECIAL VISIT IF INFLUENZA VACCINATION OR ILLNESS IS REPORTED DURING FOLLOW-UP.

**A. BLOOD DRAW INFORMATION**

A1. DATE BLOOD DRAWN:  /  /   
M / D / Y

A2. TIME BLOOD DRAWN:  :  AM.....1  
PM.....2

A3. PHLEBOTOMIST'S INITIALS

**B. BLOOD DRAW**

TEST TYPE	TUBE TYPE (Tube Vol)	WHOLE BLOOD VOLUME	a.) REQUIRED VOLUME COLLECTED		b.) ESTIMATED VOLUME COLLECTED
			YES	NO	
B1. Influenza antibody testing	Red-Top or SST (5 ml)	5 ml	1 (SECT. C)	2	<input type="text"/> <input type="text"/> mls.

c.) IF NO SPECIFY REASON: \_\_\_\_\_

**C. SPECIMEN PROCESSING INFORMATION**

C1. WERE RED TOP OR SST TUBES CENTRIFUGED IN THE CLINIC (i.e., PRIOR TO SENDING TO THE LAB FOR PROCESSING)?

YES..... 1  
NO..... 2 (END)

C2. TIME TUBES CENTRIFUGED:  :  AM.....1  
PM.....2

C3. NUMBER OF 1 ml SERUM CRYOVIALS OBTAINED (maximum of 2 vials):