

**WOMEN'S INTERAGENCY HIV STUDY  
LABORATORY - FLOW CYTOMETRY  
FORM L04**

ID LABEL  
HERE --->

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FORM COMPLETED BY: \_\_\_\_\_ VERSION DATE: **10/01/00**

WIHS STUDY VISIT #: \_\_\_\_\_

WIHS Core Visit..... 1  
3 Month VRS Visit..... 2

**ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.**

**PROMPT: FOR HIV-NEGATIVE WOMEN,  
COMPLETE THIS FORM ONLY AT EVEN-  
NUMBERED VISITS.**

A1. ARE TEST RESULTS AVAILABLE?

- Yes ..... 1 **(A2)**
- No, Sample Inadequate ..... 2 **(END)**
- No, Other Reason..... 3

\_\_\_\_\_ **(END)**  
**(SPECIFY)**

A2. DATE SAMPLE DRAWN:

_	_	_	_	_	_
M	D	Y			

a. DATE SAMPLE PREPARED:

_	_	_	_	_	_
M	D	Y			

b. Type of Flow Cytometry Test

- Two - color ..... 1 **(A3a)**
- CD45 gating ..... 2 **(A4a)**
- Three - color ..... 3 **(A4a)**
- Four - color ..... 4 **(A4a)**

A3. **QUADRANT** **#RESULT**

a) CD45 (Bright +) Q2 |\_|\_| %  
CD14+ (MONOS)

b) CD45 (Bright +) Q4 |\_|\_|\_| %  
CD14- (LYMPHS)

A4.

a) CD3- CD4+ Q1 |\_|\_| %

b) CD3+ CD4+ Q2 |\_|\_| %

c) CD3- CD4- Q3 |\_|\_| %

d) CD3+ CD4- Q4 |\_|\_| %

A5.

a) CD3- CD8+ Q1 |\_|\_| %

b) CD3+ CD8+ Q2 |\_|\_| %

c) CD3- CD8- Q3 |\_|\_| %

d) CD3+ CD8- Q4 |\_|\_| %

A6. COMMENTS

- Yes..... 1
- No..... 2 **(END)**

**Comment Code (Please Specify if Comment Code is "99")**

A7. |\_|\_| | \_\_\_\_\_

A8. |\_|\_| | \_\_\_\_\_

A9. |\_|\_| | \_\_\_\_\_

**CODES FOR COMMENTS**

- [01] SPECIMEN CLOTTED
- [02] SPEC. HELD AT 4 DEGREES C
- [03] SPEC. REC'D AT >25 DEGREES
- [04] SPECIMEN QNS
- [05] LAB ACCIDENT/ERROR
- [10] <2000 CELLS ANALYZED
- [11] INSUFFICIENT CELLS
- [12] HIGH FL SUBTRACTION REQ'D
- [20] SCATTER POOR, CANNOT SET GATE
- [24] DISTINCT LYMPH, CLUSTER NOT SEEN
- [31] HIGH BACKGROUND IN ALL TUBES
- [40] ANTIBODY PATTERN UNUSUAL
- [41] INCOMPLETE HEMOLYSIS
- [50] FLOW CYTOMETER MALFUNCTION
- [51] NRBCS PRESENT
- [52] DELAY IN SAMPLE SHIPMENT
- [99] OTHER