

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

ID LABEL HERE --->

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 %

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

A6. COMMENTS

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

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

- A7. _____
- A8. _____
- A9. _____