

**WOMENS INTERAGENCY HIV STUDY
LABORATORY FORM: REPOSITORY SPECIMEN PROCESSING
FORM L20**

WIHSID:

__-__-__-__-__-__-__-__

VISIT:

__-__-__

FORM VERSION:

10/1/08

DATE FORM COMPLETED:

__ / __ / __
M D Y

FORM COMPLETED BY:

__-__-__

A. Sera
A1. Serum Tubes Received? Yes 1 (A2) No..... 2 (B1)
A2. Serum Tubes Receipt in Lab Date __ __ / __ __ / __ __ M D Y Time __ __ : __ __ AM 1 PM..... 2
A3. Sera Frozen Date __ __ / __ __ / __ __ M D Y Time __ __ : __ __ AM 1 PM..... 2

(B1)

B. CPT Plasma and Cells
B1. CPTs Received? Yes..... 1 (B2) No..... 2 (C1)
B2. CPTs Receipt in Lab Date __ __ / __ __ / __ __ M D Y Time __ __ : __ __ AM..... 1 PM 2
B3. Plasma Separation Date __ __ / __ __ / __ __ M D Y Time __ __ : __ __ AM..... 1 PM 2
B4. Plasma Frozen Date __ __ / __ __ / __ __ M D Y Time __ __ : __ __ AM..... 1 PM 2
B5. Cells made? Yes..... 1 (B6) No 2 (C1)
B6. Cells Frozen Date __ __ / __ __ / __ __ M D Y Time __ __ : __ __ AM..... 1 PM 2
B7. Total Cells __ __ . __ (C1) (in millions)

C. Cervico-Vaginal Lavage (CVL)
C1. CVL Received? Yes 1 (C2) No..... 2 (END)
C2. CVL Receipt in Lab Date __ __ / __ __ / __ __ M D Y Time __ __ : __ __ AM.....1 PM.....2
C3. CVL Frozen Date __ __ / __ __ / __ __ M D Y Time __ __ : __ __ AM.....1 PM.....2

(END)