

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

WIHSID:

\_\_\_ - \_\_\_ - \_\_\_

VISIT:

\_\_\_

FORM VERSION:

10/1/09

DATE FORM COMPLETED:

\_\_\_ / \_\_\_ / \_\_\_  
M D Y

FORM COMPLETED BY:

\_\_\_

<b>A. Sera</b>
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
<b>B. CPT Plasma and Cells</b>
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)
<b>C. Cervico-Vaginal Lavage (CVL)</b>
C1. CVL Received? Yes..... 1 (C2) No ..... 2 (D1)
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

<b>D. HPV DNA Swab</b>
D1. HPV DNA Swab Received? Yes ..... 1 (D2) No..... 2 (E1)
D2. HPV DNA Swab Receipt in Lab Date ___ / ___ / ___ M D Y Time __ : __ AM..... 1 PM ..... 2
D3. HPV DNA Swab Frozen Date ___ / ___ / ___ M D Y Time __ : __ AM..... 1 PM ..... 2
<b>E. Urine Supernatant and Pellet</b>
E1. Urine Received? Yes ..... 1 (E2) No..... 2 (END)
E2. Urine Receipt in Lab Date ___ / ___ / ___ M D Y Time __ : __ AM..... 1 PM ..... 2
E3. Supernatant and Pellet Frozen Date ___ / ___ / ___ M D Y Time __ : __ AM..... 1 PM ..... 2