

**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:

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
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 Extracted ____ . ____ (C1) (in millions)
C. Cervico-Vaginal Lavage (CVL)
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

D. HPV DNA Swab
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
E. Urine Supernatant and Pellet
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