

WIHS VIROLOGIC REBOUND AND RESISTANCE STUDY

PLASMA SEPARATION AND FREEZING FORM

VRS 10

ID LABEL HERE ---> - - -

VISIT#: _____ CORE VISIT.....1
_____ 3 MONTH VRS VISIT.....2

VERSION DATE REVISED **10/01/03** FORM COMPLETED BY: _____

ANY MISSING INFORMATION MUST BE EXPLAINED ON THIS FORM

A1. DATE TUBE RECEIVED IN LAB: _____ / _____ / _____
M D Y

A2. TIME TUBE RECEIVED IN LAB: _____ : _____ AM1
PM.....2

A3. TIME TUBE CENTRIFUGED IN LAB: _____ : _____ AM1
PM.....2

A4. PLASMA SEPARATION TIME: _____ : _____ AM1
PM.....2

A5. PLASMA FROZEN TIME: _____ : _____ AM1
PM.....2

A6. TOTAL VOLUME OF PLASMA FROZEN: _____ . _____ ml