

**WOMEN'S INTERAGENCY HIV STUDY
LABORATORY - FLOW CYTOMETRY
FORM L4**

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

VERSION DATE: **10/01/98**

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. ARE TEST RESULTS AVAILABLE?

- Yes1 **(A2)**
 No, Sample Inadequate2 **(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 gating2 **(A4a)**
 Three - color.....3 **(A4a)**
 Four - color.....4 **(A4a)**

A3.

QUADRANT #RESULT

- | | | |
|--------------------------------------|----|------------|
| a) CD45 (Bright +)
CD14+ (MONOS) | Q2 | _ _ % |
| b) CD45 (Bright +)
CD14- (LYMPHS) | Q4 | _ _ _ % |

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 | _ _ % |

A6. COMMENTS

- Yes1
 No.....2 **(END)**

Comment Code Please Specify if Comment Code is "99"

A7. |_|_| | _____

A8. |_|_| | _____

A9. |_|_| | _____

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