

**DO NOT FAX THIS FORM TO DATAFAX**

# HPTN 035

## LDMS Specimen Tracking Sheet

Group: HPTN

Participant ID

-       -   
Site Number Participant Number Chk

Protocol #: 035

Visit Code (Vst)

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Specimen Collection Date

/     /    
*dd MMM yy*

# of TUBES (or Specimens)	PRIMARY SPECIMEN TYPE	ADDITIVE
<input type="checkbox"/>	Gram Stain Slide ( <b>VAG</b> )	<input type="checkbox"/> No Additive <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	GUD Swab ( <b>GLU</b> )	<input type="checkbox"/> No Additive <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	Blood ( <b>BLD</b> )	<input type="checkbox"/> EDTA <input type="checkbox"/> No Additive <input type="checkbox"/> Other, specify: _____ Plasma aliquot instructions: <input type="checkbox"/> Enrollment specimen—lab to make at least four (4) 1.0 mL aliquots <input type="checkbox"/> Follow-up specimen—lab to make at least four (4) 0.5 mL aliquots
<input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/> No Additive <input type="checkbox"/> Other, specify: _____

Comments: \_\_\_\_\_

Clinic Staff Initials: \_\_\_\_\_ Sending Staff LDMS Data Entry Date:   /     /   Receiving Staff  
*dd MMM yy*

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## LDMS Specimen Tracking Sheet (nonDataFax)

*This form documents entry of specimens into the Laboratory Data Management System (LDMS). Because this form is a non-DataFax form, this form should NOT be faxed to SCHARP DataFax.*

*This form accompanies LDMS specimens (in their original specimen collection containers) to the site LDMS entry laboratory. Once the specimens have been entered into LDMS, this form is kept on file at the LDMS entry laboratory. If the site chooses, a copy of this completed form may be made once the specimens have been entered into LDMS and the copy kept in the participant's study notebook. This is not required, however.*

### Item-specific Instructions:

- **Visit Code:** For specimens collected at Screening Part 2 visits and/or Enrollment visits, use the visit code "02.0".
- **# of TUBES (or Specimens):** Record the total number of collected tubes or specimens of the listed primary specimen type that will be entered into LDMS. If no LDMS specimens of the primary specimen type were collected, record "0."
- **Clinic Staff Initials:** The clinic staff person who completed the form and/or who is sending the LDMS form and specimens to the LDMS entry lab records his/her initials here.
- **LDMS Data Entry Date:** Record the date the LDMS specimens listed on this form were entered into LDMS.
- **Receiving Staff:** The LDMS laboratory staff person who received this form (and the LDMS specimens accompanying the form) records his/her initials here.