

DO NOT FAX THIS FORM TO DATAFAX

HPTN 052

Partner LDMS Specimen Tracking Sheet

Group: HPTN

Visit Code (Vst)

Partner ID (PID)

- - -

Site Number Index Number Partner Chk

Specimen Collection Date

dd MMM yy

Protocol #: 052

# of TUBES (or Specimens)	PRIMARY SPECIMEN TYPE	ADDITIVE
<input type="checkbox"/>	Blood (BLD)	<input type="checkbox"/> EDTA <input type="checkbox"/> No Additive <input type="checkbox"/> Other, specify: _____ Plasma aliquot instructions: <input type="checkbox"/> Lab to store at least eight (8) 1.0 mL aliquots or sixteen (16) 0.5 mL aliquots when both plasma storage and genotyping requested. Otherwise, store four (4) 1 mL aliquots or eight (8) 0.5 mL aliquots. Serum aliquot instructions: <input type="checkbox"/> Lab to store at least three (3) 1.0 mL aliquots. PBMC aliquot instructions: <input type="checkbox"/> Lab to store at least two (2) 5x10 ⁶ cryovials. Record the number of cells per vial in the volume field in LDMS with volume unit CEL. Whole Blood instructions: <input type="checkbox"/> Lab to store as many 1.0 mL aliquots as possible.
<input type="checkbox"/>	Cervical sample for HIV-1 RNA (CER)	<input type="checkbox"/> No Additive <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	Semen sample for HIV-1 RNA (SEM)	<input type="checkbox"/> No Additive <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	GUD swab (GLU)	<input type="checkbox"/> No Additive <input type="checkbox"/> Other, specify: _____
<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: /
dd MMM yy Receiving Staff

Version 4.0, 08-APR-09