

	Participant ID: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> Site Number Participant Number Chk			Visit Code: <input type="text"/> <input type="text"/> <input type="text"/>		Specimen Collection Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>dd MMM yy</i>		
# of Tubes or specimens	PRIMARY SPECIMEN	Primary additive	Other Spec ID	Aliquot Derivative	ALIQUOT SUB	INSTRUCTIONS FOR PROCESSING LAB		
<input type="text"/>	<i>Plasma Storage</i> Blood (BLD) Collection Time ____ : ____ hour : min	EDT	RPS	PL1/2	N/A	<ul style="list-style-type: none"> ➤ Used for Plasma Archive (Vis 2) and Plasma Storage (Visits: 6,9,13,16, 20, & 23) ➤ Prepare as many 1.0 mL aliquots as possible with a total volume of aliquots ≥ to 4.0 mL. ➤ If sample is collected and held at room temp, freeze aliquot within 4 hours. ➤ If refrigerated after collection, freeze aliquot within 24 hours. 		
<input type="text"/>	<i>Plasma for HIV Seroconversion</i> Blood (BLD) Collection Time ____ : ____ hour : min	EDT	CON	PL1/2	N/A	<ul style="list-style-type: none"> ➤ Prepare as many 1.0 mL aliquots as possible with a total volume of aliquots ≥ to 6.0 mL. ➤ If sample is collected and held at room temp, freeze aliquot within 4 hours. ➤ If refrigerated after collection, freeze aliquot within 24 hours. 		
<input type="text"/>	<i>Post Plasma Seroconverter</i> Blood (BLD) Collection Time ____ : ____ hour : min	EDT	SER	PL1/2	N/A	<ul style="list-style-type: none"> ➤ Drawn when required 1 month after initial HIV confirmation test ➤ Prepare as many 1.0 mL aliquots as possible with a total volume of aliquots ≥ to 6.0 mL. ➤ If sample is collected and held at room temp, freeze aliquot within 4 hours. ➤ If refrigerated after collection, freeze aliquot within 24 hours. 		
<input type="text"/>	<i>Dry Blood Spot</i> Blood (BLD) Collection Time ____ : ____ hour : min	EDT		DBS	N/A	<ul style="list-style-type: none"> ➤ Preferable to keep the blood collection tube on ice. ➤ Blood must be pipetted within 4 hours onto the 5 card spots. ➤ Pipette exactly 50 µL of the whole blood into each single spot. ➤ Allow the blood spot to air dry for at least 2 hours. ➤ DBS are stored in ziplock bag with desiccant & humidity indicator card. ➤ Store and transport between 2-8 °C or -80 °C. ➤ Send weekly to Division of Clinical Pharmacology, University of Cape Town (LDMS 499) 		

Comments: _____

Initials: _____ / _____
 Sending Staff Receiving Staff

LDMS Data Entry Date: / / _____
dd MMM yy LDMS Staff

Participant ID:		Visit Code:		Specimen Collection Date:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number	Participant Number	Chk		dd	MMM	yy

# of TUBES or SPECIMENS	PRIMARY SPECIMEN	PRIMARY ADDITIVE	ALIQUOT DERIVATIVE	ALIQUOT Sub-derivative	INSTRUCTIONS FOR PROCESSING LAB
<input type="text"/>	<i>HSV -2 Antibody (BLD)</i> Collection Time ___:___ hour : min	NON	SER	N/A	<ul style="list-style-type: none"> ➤ Aliquot 1 mL of supernatant into cryovial and freeze at ≤ 70°C within 4 hours after collection.
<input type="text"/>	<i>Vaginal Swabs for qPCR (VAG)</i> Collection Time ___:___ hour : min	NON	FLS	N/A	<ul style="list-style-type: none"> ➤ Collect 3 Vag flocked swabs by rotating several times over the lateral wall of the vagina. ➤ Place each swab into a separate 2 mL cryovial (3 vials). ➤ Immediately refrigerate or place vials on ice and freeze at ≤-70°C within 8 hours
<input type="text"/>	<i>Vaginal Gram Stain (VAG)</i>	NON	SLD	GRS	<ul style="list-style-type: none"> ➤ Make 2 slides (one Primary and the other Secondary). ➤ Apply LDMS PTID label. ➤ Keep one slide for MTN LC and store other slide on-site.
<input type="text"/>	<i>Vaginal Swab For Biomarker (VAG)</i> Collection Time ___:___ hour : min	NON	SWB	N/A	<ul style="list-style-type: none"> ➤ Place polyester swab in a 2 mL cryovial. ➤ Break off the swab shaft by using a finger over cryovial opening making sure swab does not fly out. ➤ Freeze within 4 hours, and store at ≤ -70°C.
<input type="text"/>	<i>Vaginal Ring for Residual PK (IVR)</i> Removal time/date ___:___ on ___ hour : min date	NON	IVR	N/A	<ul style="list-style-type: none"> ➤ Rinse ring and blot dry. ➤ Place ring into a ziplock bag. ➤ Ship weekly to FARMOVS (LDMS 671) ➤ If more than 1 ring is returned: if ring order can be determined, enter '1st IVR' or '2nd IVR' under Other Spec ID. If order cannot be determined, place a comment under ring aliquots to include details why ring order can't be determined.

Comments: _____

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Sending Staff Receiving Staff dd MMM yy LDMS Staff

Participant ID:			Visit Code:		Specimen Collection Date:			
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Site Number		Participant Number		Visit Code		dd	MMM	yy

# of TUBES or SPECIMENS	PRIMARY SPECIMEN	PRIMARY ADDITIVE	ALIQUOT DERIVATIVE	ALIQUOT SUB	INSTRUCTIONS FOR PROCESSING LAB
[]	<p style="color: blue;"><i>Cervicovaginal Lavage for Biomarkers</i></p> <p style="text-align: center;">(CVL)</p> <p>Collection Time</p> <p style="text-align: center;">____:____</p> <p style="text-align: center;">hour : min</p>	NSL	FLD	N/A	<p>CVL supernatant for biomarkers:</p> <ul style="list-style-type: none"> ➤ Make 1 mL aliquot ➤ Freeze at ≤ -70°C within 8 hours of collection. <hr/> <p>CVL Supernatant:</p> <ul style="list-style-type: none"> ➤ 6 or more additional 1 mL aliquots for storage (used for backup or future testing, mark as "extra CVL"). ➤ Frozen at ≤ -70°C within 8 hours of collection. <hr/> <p>CVL Cell Pellet:</p> <ul style="list-style-type: none"> ➤ Suspended in 0.5 mL of normal saline & freeze at ≤ -70°C within 8 hours of collection.
[]	<p style="color: blue;"><i>Cervical Swab for Biomarkers</i></p> <p style="text-align: center;">(CER)</p> <p>Collection Time</p> <p style="text-align: center;">____:____</p> <p style="text-align: center;">hour : min</p>	NON	SWB	N/A	<ul style="list-style-type: none"> ➤ Place polyester swab in a 2 mL cryovial. ➤ Break off the swab shaft by using a finger over cryovial opening making sure swab does not fly out. ➤ Freeze within 4 hours, and store at ≤ -70°C.

Comments: _____

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Purpose: This form is used to document collection and entry of study specimens into the Laboratory Data Management System (LDMS).

General Information/Instructions: A copy of this form accompanies specimens for storage (in their original specimen collection containers) to the 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.

Item-specific Instructions:

- **Visit Code:** Record the visit code of the visit at which the specimens were collected.
- **TUBES or SPECIMENS COLLECTED:** In the box provided, record the total number of tubes or specimens collected for that primary specimen type. If no LDMS specimens of the primary specimen type were collected, record “0.”:
- **Primary Specimen, Primary Additive, and Aliquot Derivative Codes:** See table below for a listing of the codes.

BLD: Whole Blood	FLD: Fluid (supernatant)	PL1 or PL2: Single or double spun plasma
CER: Cervix	FLS: Flocked Swab	RPM: RPMI Transport Media
CVL: Cervical Vaginal Lavage	GRS: Gram Stain	RPS: Plasma Archive or Storage (other spec ID)
CEN: Cell Pellet	IVR: Used Intravaginal Ring	SER: Seroconversion (other Spec ID)
CON: Confirmation (other spec ID)	N/A: Not Applicable	SER: Serum
CTB: Cytobrush	NON: No Additive	SWB: Swab
DBS: Dry Blood Spot	NSL: Normal Saline	SLD: Slide
EDT: EDTA	ML: Milliliter (mL)	UL: Microliter (µL), also called Lambda (λ)
		VAG: Vaginal Swab

- **Initials – Sending Staff:** 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.
- **Initials – Receiving Staff:** The laboratory staff person who received this form (and the LDMS specimens accompanying the form), records his/her initials here.
- **LDMS Data Entry Date:** Record the date the LDMS specimens listed on this form were entered into LDMS.
- **LDMS Data Entry Date – LDMS Staff:** The LDMS laboratory staff person who entered the specimens into LDMS, records his/her initials here.