

MTN 029 Enrollment Baseline

LDMS Specimen Tracking Sheet

For login of MTN 029 stored specimens into LDMS

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"/>	<input type="text"/>
Site Number		Participant Number	Visit Code		dd	MMM	yy
# of TUBES or SPECIMENS	PRIMARY SPECIMEN	PRIMARY ADDITIVE	ALIQUOT DERIVATIVE	ALIQUOT SUB ADD/DER	INSTRUCTIONS FOR PROCESSING		
<input type="checkbox"/>	Blood – <i>Plasma Archive / Storage</i> (BLD) Collection Time: _____ : _____ Hour : Min	EDT (purple top)	PL1/2	N/A	Store in aliquots of 1.0 ml. If held at room temperature, plasma must be frozen within 4 hours of collection. If refrigerated or on ice, plasma must be frozen within 24 hours of collection.		
<input type="checkbox"/>	Vaginal Biomarkers (VAG) Collection Time: _____ : _____ Hour : Min	PBS	VAG	N/A	Place Dacron swab in 400µl PBS. Freeze at ≤-70°C within 8 hours of collection.		
<input type="checkbox"/>	Vaginal Swab – <i>Microflora Culture</i> (VAG) Collection Time: _____ : _____ Hour : Min	CTK	SWB	N/A	Store refrigerated within 4 hours of collection.		
<input type="checkbox"/>	Vaginal Smear – <i>Gram Stain</i> (VAG)	NON	SLD	GRS	Allow slide to air dry and store at room temperature.		

Comments: _____

Initials: _____ LDMS Data Entry Date: _____ / _____
 Sending Staff Receiving Staff dd MMM yy LDMS Staff

MTN 029 LDMS Specimen Tracking Sheet (non-DataFax)

Purpose: This non-DataFax form is used to document collection and entry of MTN 029 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. This is not required, however. Because this form is a non-DataFax form, this form should NOT be faxed to SCHARP DataFax.

Item-specific Instructions:

- **Visit Code:** Record the visit code of the visit at which the LDMS specimens were collected.
- **# of 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."
- **Collection Time:** Record the time that the specimen collection was completed, using the 24-hour clock format.
- **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.

LDMS CODES:

BLD: Blood
CTK: Culture Transport Kit
EDT: EDTA
GRS: Gram Stain

NON: None
PBS: Phosphate Buffered Saline
PL1: Single spun plasma
PL2: Double spun plasma

SLD: Slide
SWB: Swab
VAG: Vaginal Swab