

MTN 029 Follow-up Specimens

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"/> - <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"/>	<input type="text"/> <input type="text"/>
<i>Site Number Participant Number Chk</i>					<i>dd MMM yy</i>		
# of TUBES or SPECIMENS	PRIMARY SPECIMEN	PRIMARY ADDITIVE	ALIQUOT DERIVATIVE	ALIQUOT SUB ADD/ DER	INSTRUCTIONS FOR PROCESSING		
<input type="checkbox"/>	Blood – <i>Plasma PK (BLD)</i> Collection Time: _____ : _____ Hour : Min	EDT (purple top)	PL1	N/A	Store in aliquots of 1.0 ml and freeze within 8 hours of collection. Enter PK into Other Spec ID field of LDMS.		
<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 (VAG)</i> Collection Time: _____ : _____ Hour : Min	CTK	SWB	N/A	Store refrigerated within 4 hours of collection.		
<input type="checkbox"/>	Vaginal Smear – <i>Gram Stain (VAG)</i>	NON	SLD	GRS	Allow slide to air dry and store at room temperature.		
<input type="checkbox"/>	Cervicovaginal Fluid – <i>PK (CVF)</i> Collection Time: _____ : _____ Hour : Min	NON	SWB	N/A	$\frac{\text{Post-weight}}{\text{Pre-weight}} = \frac{\text{Net weight}}{\text{mg}}$ Time Frozen: _____ : _____ Freeze at ≤-70°C within 2 hours of collection.		
<input type="checkbox"/>	Breast Milk – <i>PK/PD (BMK)</i> Collection Time: _____ : _____ Hour : Min	NON	BMK	N/A	Store in aliquots of 2.0 ml and freeze immediately. Assign 2 aliquots to PD and 2 aliquots to PK. Enter PD or PK into the Other Spec ID fields respectively.		
<input type="checkbox"/>	Intravaginal Ring (IVR)	NON	IVR	N/A	Rinse and store dry at room temperature in Zippit pouch.		

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 LMDS specimens were collected.
- **# of TUBES or SPECIMENS:** 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.
- **Frozen Time:** Record the time the specimen was frozen using the 24-hour clock format.
- **Post-weight:** Record the weight of the collection device after the sample has been collected.
- **Pre-weight:** Record of the weight of the collection device prior to the sample being collected.
- **Net-weight:** Subtract the pre-weight from the post-weight and record the difference.
- **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: Whole Blood
BMK: Breast milk
CTK: Culture Transport Kit
CVF: Cervicovaginal Fluid
EDT: EDTA

GRS: Gram Stain
IVR: Intravaginal Ring
NON: None
PBS: Phosphate Buffered Saline
PL1: Single spun Plasma

SLD: Slide
SWB: Swab
VAG: Vaginal Swab