AWARE: Specimen Processing

AWARE

Carlson

ARV OK can do

CMV EBV syphilis serology

virus isolation go directly

serol from SF Nine greenpan

1 mL

number system: unknown

Moss

indicate amt

both VC + AWARE

result to ~~SF6~~ directly

use Ward 86 form.

courier once a week on Mon. 20 sample

bank 1 cc aliquot

June 3, 1985

MEMO TO: DR. CONSTANCE WOFSY
FROM: BERNADETTE CRACCHIOLO AND PAT MADDEN
RE: SCHEDULE OF SPECIMEN FLOW AND LAB NEEDS.

The following outlines the schedule of specimen flow and laboratory needs for the A.W.A.R.E. project.

DAY	SITE	TIME SPECIMENS DELIVERED	# SPECIMENS DELIVERED	DAILY TOTAL	COMMENTS
M					no specimen drop off or lab work.
T	WNC	9:00 a.m.	8		
	LMC	8:00 a.m.	1	9	
W	MAC	8:00 a.m.	2		
	LMC	8:00 a.m.	6		
	AH	8:00 a.m.	2	10	
TH	WNC	2:30 p.m.	5		AWARE picks up.
	LMC	2:30 p.m.	1		AWARE picks up.
	BLDG 9	3:30 p.m.	2	8	
F	AH	8:00 a.m.	2		
	MAC	1:30 p.m.	2		
	WNC	3:00 p.m.	6	10	
			Weekly total	37	

Specimen processing consists of spinning the blood for 10 minutes and decanting the serum into 9 cryogenic 1 ml screw cap tubes. Tubes are to be labeled. Attached are blood labeling procedures. These are batched and sent to various labs for processing. We have been using Laurie's I.D. refrigerator in Room 602 to store specimens that need to be processed and the frozen sera. As the study progresses we will send selected sera to be stored at UCSF. Total amount of sera estimated equals 70 boxes with the dimensions of 6" x 6" x 2".

A.W.A.R.E.'s needs for a lab-veinipuncturist person are to:
1. process specimens that are dropped off.
2. to perform veinipuncture for individuals from whom we were unable to obtain a specimen at the field sites. This task will vary as needed.

This has been a part-time position. Our current lab person works an average of 10 hours a week. The amount of sera to be processed depends on the success of our scheduling efforts and the whims of our subjects. I have outlined the amount to be processed in terms of a full schedule. The actual situation will vary from week to week and the present phase of the project.

BLOOD PROCESSING: LABELING PROCEDURES (As of 3-13-85)

The three tubes of blood will be spun down and the serum placed into seven (7) small (1 ml) serum screw-top containers.

The tubes will be labeled as follows:

		AMOUNT NEEDED
1.	A.W.A.R.E., (SEQ. #), (DATE DRAWN), L	1 ml
2.	A.W.A.R.E., (SEQ. #), (DATE DRAWN), D	1/2 ml
3.	A.W.A.R.E., (SEQ. #), (DATE DRAWN), III	1/2 ml
4.	A.W.A.R.E., (SEQ. #)-4, (DATE DRAWN), ...	1 ml
5.	A.W.A.R.E., (SEQ. #)-5, (DATE DRAWN), ...	1 ml
6.	A.W.A.R.E., (SEQ. #)-6, (DATE DRAWN), ...	1 ml
7.	A.W.A.R.E., (SEQ. #)-7, (DATE DRAWN), ...	1 ml
8.	A.W.A.R.E., (SEQ. #)-8, (DATE DRAWN), ...	1 ml
9.	A.W.A.R.E., (SEQ. #)-9, (DATE DRAWN), ...	1 ml

A.W.A.R.E. LAB PROTOCOLS

CONTENTS

LAURIE HAUER, R.N.
CLINICAL COORDINATOR
PROJECT A.W.A.R.E.

NOVEMBER 1, 1985

AWARE LAB PROTOCOL: DPH FOR ELISA TEST

WHAT SPECIMENS TO SEND:

1) All Levy ARV AB+ (Suzanne or Bern will notify as soon as we have results).
2) All subjects who enter study knowing that they are AB+ (i.e. were already tested someplace else). Suzanne or Bern will notify as soon as interviewed.
3) Selected Levy "suspicious negatives" (they found nonspecific staining, or other ambiguous result), or other high-risk negatives identified by us.

I. DO PAPERWORK

1) Fill out white instruction page.....see sample.
2) Fill out carbon form.....see sample.
3) Deal with labels as follows:
   1st: put around nunc vial (see II, below).
   2nd: put on white instruction page at top.
   3rd: put on our DPH ELISA list, and record AWARE study number next to it. (List is in file cabinet).
4) Record DPH # and AWARE # on DPH ELISA log (in file cabinet, same folder as the DPH ELISA list).

II. GET SPECIMEN

1) Find correct box in freezer, Ward 86.
2) Get 1 Nunc vial out for correct subject #, make sure it has 1 ml in it.
3) Check date on vial and record on DPH carbon form, before you cover up the AWARE label.
4) Put DPH number label around vial.
5) Check that lid is on tightly.
6) Put specimen inside inner silver tube, with cotton on top of it.
7) Roll white page and carbon form around silver tube, put this inside outer cardboard tube.

NOTE: It is o.k. to put several specimens in one tube, as long as each has its own carbon form and white page. Put the papers around the outer tube if they won't fit inside. Extra forms are in file cabinet.

III. MOVE SPECIMENS TO DPH

1) They are going to Dept. of Public Health
   Microbiology Lab
   101 Grove St. (corner of Polk) Room 419
2) The lab is open from 8:30-4:30, and closed from 12-1. If any doubt about whether it will be open, call 558-3004.
3) You can take them directly there, or apparently there is a pick-up point here at SFGH, Bldg. 100 (Lab), near parking lot door. The specimens must be there by 10:00 a.m. (I've never used this).
4) Specimens should get to DPH as soon as possible after removal from freezer (i.e. don't let them sit out overnight or all day).

continued

IV. AWAIT RESULTS

1) Results should come within two weeks.
2) They will be on one of the carbon forms, inside an envelope from DPH Microbiology lab, addressed to L. Hauer, R.N. at Ward 86 or 84.
3) Any problems, discrepancies, etc. call Judy Wilber, PhD, at 558-3004.

V. DEAL WITH RESULTS

1) Record information on DPH list and log.
2) File slips in pocket of folder.
3) If any discrepancy with Levy result, talk to Connie and/or Judith immediately, also notify Suzanne so result isn't given to subject.
4) Notify Suzanne of all results, using the AWARE (not DPH) study number.

HTLV-III ANTIBODY TEST

ASSIGNED CODE NO. ▶ SF 14-0414 -6

IMPORTANT! READ INSTRUCTIONS ON REVERSE
PLEASE FILL OUT LEFT SIDE ONLY
SEND ALL COPIES WITH SPECIMEN TO THE LABORATORY

DATE OF SPECIMEN MO 10 / DAY 28 / YR 85

RESIDENCE ZIP: FROZEN

MARIT: NM M S

MALE ☐ FEMALE ☒

AGE (YRS) _____

SEX ORIENT (SINCE 1978) 1 2 3

RACE: W B H A
OTHER:

RISK FACTOR A B C D E F G H I J

SYMPTOMS 1 2 3 4 5 6 7 8 9 10

PREVIOUS HTLV-III ANTIBODY TEST PERFORMED?
LAB
CODE
TEST DATE MO / DAY / YR
TEST RESULTS

PLEASE PRINT COMPLETE PHYSICIAN RETURN ADDRESS FOR RETURN OF REPORT - OR - ALTERNATIVE SITE NAME.

AWARE
c/o Laurie Hauer
SFGH Ward 84

PUBLIC HEALTH LABORATORY
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
101 GROVE STREET • SAN FRANCISCO, CA 94102-4594

THIS SECTION FOR S.F. LAB USE

ELISA-Enzyme Linked Immunosorbent Assay

☐ SEROLOGIC EVIDENCE OF ANTIBODY TO HTLV-III. Specimens which are repeatedly reactive are considered positive.

☐ NO SEROLOGIC EVIDENCE OF ANTIBODY TO HTLV-III. Specimens which produce absorbance values less than the cutoff value are considered negative.

☐ TEST RESULTS INDETERMINATE. Please submit another specimen.

FOR LAB USE

SAMPLE (carbon form)

DATE RECEIVED

DATE REPORTED

ORIGINAL COPY – LABORATORY

Remove

SF 14-0414
SF 14-0414
SF 14-0414
SF 14-0414
SF 14-0414

- Remove 1st numbered label firmly attach to blood tube.
- Remove 2nd numbered lab Provide to client for use obtaining test result.
- Remove 3rd numbered label place on CLIENT DE FORM.
- DO NOT REMOVE OTHE LABELS.

City and County of San Francisco **Department of Public Health**

SAMPLE (white page)

Purple Label ←

Please affix numbered laboratory label here; submit this form with the lab. slip.

ACQUIRED IMMUNE DEFICIENCY SYNDROME RELATED VIRUS (ARV)
ANTIBODY TO ARV (HTLV-III)
INSTRUCTIONS FOR PHYSICIANS AND CLIENT QUESTIONNAIRE

Instructions for the requesting PHYSICIAN:

1. Please affix numbered laboratory labels to blood tube and to this form.
2. Please complete date of specimen; previous HTLV-III antibody test performed?; and, return address sections on laboratory slip. The specimen cannot be processed without this info.
3. Please sign the following statement. Your signature is required. The State of California requires that an informed consent be obtained from each patient tested for ARV (HTLV-III) antibodies when not tested as part of an alternative test site program. Additionally, the Department of Public Health strongly advises physicians to inform and counsel each patient regarding the test and its results.

   I have obtained an informed consent signed by this patient.

   Physician' signature: Laurie Hauer RN ←

   Physician's name (print): for C.B. WOFSY MD

   Address: SFGH Ward 86

4. Please keep the informed consent at your office or institution. Do not submit it to the Department of Public Health.
5. Please prepare your own supply of this form to meet your office needs.
6. Please complete Section I and ask your patient to complete Section II.

SECTION I. To the requesting PHYSICIAN:

1. Why are you requesting this test?
   ( ) Acute ARV syndrome or ARC
   ( ) Screening
   (X) Other (specify): study

- OVER -

- OVER -

AWARE LAB PROTOCOL: UCSF FOR ARV CULTURES

WHOM TO SCHEDULE:

1) All ARV AB+ subjects who call us to participate in long term study, or those who give us their phone number so that we call them.
2) All pregnant or recently post-partum women who have a partner with AIDS, ARC, or AB+ result, even if the woman is AB-.
3) For AB- pregnant women who have a high-risk partner (but no AIDS, ARC, or AB+), consider cultures as part of high-risk negative group.
4) High-risk negatives--case by case basis until policy is made.
5) Controls (negatives)- defer until matched with positives and until policy is made.

QUESTIONS THAT NEED TO BE RESOLVED: Clarify #s 3,4,5, above, and decide who gets vaginal/cervical cultures and who only gets blood cultures.

I. SCHEDULE APPOINTMENTS

1) These should be done in the morning, Mon-Thurs. Specimens should get to UCSF by 11:30 a.m. If absolutely necessary, schedule up to 1 p.m., but this is pushing it.
2) See if Connie still wants to see these subjects. If so, get her schedule and make appointment accordingly.
3) Call subject, make appointment. Ask if we can call her to remind her, and if yes, ask Suzanne to do this the day before the appointment.
4) Call UCSF, Barbara Michaelis (Levy's lab person who does cultures) at 666-4934. Tell her date, time, subject #, AB status.
5) Call Dale, Ward 86 (x8830), or go see him, and ask him to put the lab appointment on his calendar.
6) Write memo to Gayling about use of an exam room (if P.E. and/or vaginal or cerivcal cultures are to be done). You will also need to check with the charge nurse shortly before the woman is scheduled to arrive, to try to reserve a room.
7) Arrange with Bernadette for someone to take the specimens to UCSF, J. Levy's lab, Med. Sci 1265 or 1280. This can be done by car or shuttle, but should be as soon as possible after all specimens are obtained.

II. DO PAPERWORK

1) Fill out AWARE Lab/Clinic Visit Check Sheet (see sample).
2) Fill out Lab Referral Sheet (Levy)- see sample. Before you send this to the lab with the specimens, make a copy of it (Xerox or handwritten), to leave in the chart.

III. LABEL TUBES/CONTAINERS

1) Tubes/containers needed for blood: 3 green top tubes, 1 serum sep. tube (get from Ward 86 lab--Dale).

continued

2) Tubes/containers needed for vaginal/cervical cultures: 1 black top plastic tube, 1 urine cup. Put approximately ½-1 ml. of Hank's solution in each (Hank's is in Wd. 86 specimen refrigerator door). Get containers from Dale in the lab.
3) If pregnant or recent post partum: 1 black top plastic tube with Hank's, for colostrum or breast milk.
4) Label all blood tubes with AWARE, study #, date. Label vaginal/cervical/colostrum containers with AWARE, study #, date, and with the name of what's in it (i.e. vag/cerv in Hank's).

IV. OBTAIN SPECIMENS

1) Blood: Dale or Steve will do this in the lab. Have all tubes ready (see instruction pages for H/S ratios and CBC).
2) Vaginal/cervical: do this in an exam room; it is best to somehow do it at the beginning of the exam or figure out a way to get the specimens out of the room quickly, so that they can go to UCSF. The vag/cerv. is done with a cotton swab into the black top tube, the endocervical scraping is done with a pap smear stick into the urine cup. Leave the swab/stick in the container, break off the end.

V. PACKAGE SPECIMENS

1) Blood: in plastic bag with Levy lab slip.
2) Vaginal/cervical/colostrum: in plastic bag, keep on ice.

VI. SEND SPECIMENS

1) Give to Bernadette or other designated person, along with other UCSF specimens (HS ratios) if these are being done. Do this as soon as possible after obtaining specimens.
2) The specimens for ARV cultures go to: Barbara Michaelis, J. Levy's lab, Med. Sciences 1265 or 1280.

VII. AWAIT RESULTS/RECORD RESULTS

1) As of 11/1/85, Connie will get results. Turn-around time on cultures is at least one month (although some have been positive by 2 weeks).
2) It would be good to have regular meetings about results, get them from Levy (via Connie) regularly, etc.
3) If you get any information from Connie, record it on the ARV Cultures Log.

SAMPLE

A.W.A.R.E. STUDY - LAB/CLINIC VISIT

0000 / John Many etc. (not necessary)
Study # and/or Code

8-1-85
Date of Visit

5-1-85
Entry Date

1st F/U - Cultures
Type of Visit

neg[ ] pos[X] lab: Levy 5-10-85
HTLV III/ARV Ab Test - Date

neg[ ] pos[ ] site:
HTLV/ARV Culture - Date

Ord	Done	Results	Procedures or Tests to be Done	Disposition of Specimens
✓			Repeat Questionnaire	File
✓			Physical Exam (use Registry form)	File
			Referral to:	
✓			Blood for ARV culture/serology: 3 green top tubes 1 red top tube	UCSF - J. Levy Lab MS 1265 666-4071
✓			Blood for H/S ratios/immunology 3 Green top tubes MUST DO CBC ALSO	UCSF -C.Casavant Lab Long Hospital 553 666-5279
✓			Blood for CBC/platelets 1 lavender top tube	Smith-Kline/Bioscience Lab-call for pick up 800-772-3408
✓			Blood for CMV serology 1 red top tube (or 1 serum vial)	SFGH Virology Lab x5466 4th floor, Bldg. 30
✓			Blood for other serology 3 red top tube(s)	AWARE Serum Bank
			Other blood:	
			TOTAL BLOOD 4 red top 6 green top 1 lavender top	
✓			Endocervical scraping for ARV culture 1 stick in Hanks (urine cup)	UCSF - J. Levy Lab 666-4071 ON ICE
✓			Cervical/vaginal swab for ARV culture 1 swab in Hanks (vial)	UCSF - J. Levy Lab 666-4071 ON ICE
✓			Urine for CMV Culture 1 vial	SFGH Virology Lab x5466, 4th Floor, Bldg. 30
✓			Cervical/vaginal swab for CMV culture 1 swab in saline (vial)	SFGH Virology Lab x5466 4th Floor, Bldg. 30

Other tests done (PAP, GC, etc): List on separate piece of paper.

V COLOSTRUM, BREAST MILK

City and County of San Francisco

SAMPLE

Department of Public Health

San Francisco General Hospital Medical Center

LAB REFERRAL SHEET

TO: DR. JAY LEVY
S 1280
UCSF

Date Sent: 6-1-85

FROM: WARD 86
SFGH
c/o LAURIE HAUER, R.N.

STUDY NAME:
A.W.A.R.E. (WOMEN AND A.I.D.S.

TEST REQUESTED:
- ☒ ARV ANTIBODY (1 SST tube)
- ☒ ARV CULTURE (3 Green top tubes)
- ☒ ARV CULTURE (VAG/CERV) → (if doing This)
- ☒ ARV CULTURE (COLOSTRUM, BREAST MILK) → (if doing This)

SPECIMEN SENT:
- ☒ Blood
- ☒ Other:
  ENDOCERVICAL SCRAPING (if doing This)
  VAGINAL POOL
  COLOSTRUM, BREASTMILK (if doing This)

PATIENT NAME: AWARE I.D. NO.: 0000

PROVIDER NAME: WOFSY / HAUER

BRIEF CLINICAL SUMMARY:

ARV ⊕ — (or ARV ⊖)

PLEASE SEND COPY OF TEST RESULTS TO:

LAURIE HAUER, R.N.
WARD 86
SAN FRANCISCO GENERAL HOSPITAL

AWARE LAB PROTOCOL: UCSF FOR H/S RATIOS, SKBL FOR CBC, AWARE BANK

SECTION 1: UCSF FOR H/S RATIOS

WHOM TO SCHEDULE:

1) For now, same criteria/questions as for ARV cultures (see ARV Cultures protocol sheet)

MORE QUESTIONS: Confirm who gets H/S ratios, formal arrangement with lab, etc.

I. SCHEDULE APPOINTMENTS

1) It will be the same appointment time as for ARV cultures. See #I on ARV Cultures sheet.
2) Call Jane Wang, at UCSF C. Casavant's lab, at 666-5279. Tell her the date, time, subject #, and AB status.

II. DO PAPERWORK

1) Fill out Lab Referral Sheet (Casavant/Wang). See sample. Before you send this to the lab with the specimens, make a copy of it to leave in the chart.

III. LABEL TUBES

1) 3 green top tubes.
2) Label AWARE, study #, date.

IV. OBTAIN SPECIMENS

1) Do this at the same time as the ARV culture blood and AWARE serum bank blood.

V. PACKAGE SPECIMENS

1) In plastic bag with Lab Referral Sheet.

VI. SEND SPECIMENS

1) Put with ARV culture specimens for transport to UCSF.
2) These go to Jane Wang or Tom McHugh, UCSF C. Casavant's Lab, Long Hospital 553.

VII. AWAIT RESULTS/RECORD RESULTS

1) These will come on a form from UCSF addressed to AWARE/Laurie Hauer, usually within two weeks. Occasionally they may come as part of another study's results and will appear on Laurie's desk.
2) Put slip in folder marked Lab H/S ratio.
3) Record on Lab/Clinic Visit sheet for each subject.

continued

SECTION 2: SKBL FOR CBC (MUST BE DONE WITH ALL H/S RATIOS)

WHOM TO SCHEDULE:

Anyone who is getting H/S ratios done. No one else. No need to notify lab ahead of time.

I. DO PAPERWORK

1) Fill out SKBL sheet. See sample. Remove client copy and save in chart.

II. LABEL TUBE

1) One lavender top tube.
2) Use pre-printed label, write in AWARE, #.

III. OBTAIN SPECIMEN

1) At the same time as H/S ratio and other blood, in lab.

IV. PACKAGE SPECIMEN

1) Plastic bag with SKBL slip.

V. SEND SPECIMEN

1) Ask Dale in lab to call SKBL to arrange pick-up. Leave specimen with him.

VI. AWAIT RESULTS/RECORD RESULTS

1) Turn around time is usually a couple of days.
2) The results will come in a large SKBL envelope, maybe marked AWARE, maybe not. They may come to Doug Beardslee or Dale Hirschkorn, who will then give them to us.
3) Put slips in subject's folder. Don't record results (there's no place to do it now).

SECTION 3: AWARE BANK

WHOM TO SCHEDULE: Anyone who is getting any blood drawn, for any other test.

I. DO PAPERWORK

1) Put a note in a plastic bag for Emily, saying "AWARE long-term study, please bank" or something to that effect.

II. LABEL TUBES

1) 3 red-top tubes (SST), label with AWARE, study #, date.

continued

III. OBTAIN SPECIMEN

1) At same time as other blood.

IV. PACKAGE/STORE SPECIMEN

1) Put in plastic bag with note to Emily, leave in Ward 86 specimen refregerator, AWARE box.

City and County of San Francisco

SAMPLE

Department o
Public Healt

San Francisco General Hospit
Medical Cent

LAB REFERRAL SHEET

TO: CASAVANT / WANG

DATE SENT: 6-1-85

FROM: WARD 86 - SFGH
c/o LAURIE HAUER, R.N.

AWARE # 0000

TEST ORDERED: H/s Ratio

SPEC. SENT: Green top tubes

NO. SENT: 3

ARV ⊕ (or ⊖)

PLEASE SEND COPY OF TEST RESULTS TO: LAURIE HAUER, R.N.
WARD 86
SAN FRANCISCO GEN HOSP

SKBL

STAPLE P.O.E. STICKER HERE

CSR*

LAB USE ONLY

SAMPLE | 38897900 184621 4

DATE & TIME RECEIVED | CLIENT/LAB NUMBER

SmithKline Bio-Science Laboratories

LOS ANGELES • SAN DIEGO • PHOENIX
SAN FRANCISCO • SEATTLE • ORANGE COUNTY

☐ STAT ☐ CALL RESULTS TO _____

REFERRED BY

SFGH/IFA-WARTS/CMV STUDY CSR*
22ND & POTRERO ROOM 5H-7
SAN FRANCISCO CA
94110
BQVA OC CLT-BILL 415-821-8666

REFERRING PHYSICIAN (IF OTHER THAN ABOVE)

PRINT CLEARLY

PATIENT NAME (LAST)	FIRST	I.D. NUMBER
AWARE		0000

BIRTH DATE (AGE) | SEX | TELEPHONE NO. AREA CODE ( ) –

GUARANTOR NAME (IF OTHER THAN PATIENT)

ADDRESS | CITY | STATE | ZIP

☐ HMO ☐ MEDICARE ☐ MEDI-CAL

ADDRESS, PHONE NO., & P.O.E. STICKERS (MEDI-CAL ONLY) MUST BE PROVIDED TO INSURE PROPER BILLING.

MEDICARE OR OTHER # FOR OUT PATIENTS ONLY	MEDI-CAL #

SPECIMEN INFORMATION

Date Collected 10/1/85 Time Collected 10:00 If 24 hour urine state total 24 hour volume _____

RESULTS PHONED TO: _____ ON: _____ AT: _____ BY: _____

SKBL USE ONLY | L B R Gry Grn Ser Pl Yel Sld UR(r) UR(al) UR(24) CSF FEC WB SPU Frz | Port-A-Cul. Parapak Jembec Culturette TPB UR(Cult.) BLD(Cult.) Plates Other _____

INDIVIDUAL TESTS (See schedule of services and fees for specimen requirements and other tests)

- ☐ ACTH (PLASTIC VIAL) (F)
- ☐ ALDOLASE
- ☐ ALDOSTERONE, BLOOD ☐ URINE
- ☐ ALPHA-FETOPROTEIN
- ☐ ANTI-DNA
- ☐ AMMONIA, PLASMA (F)
- ☐ ANA (ANTI-NUCLEAR ANTIBODY)
- ☐ CATECHOLAMINES, TOTAL 24 HOUR URINE
- ☐ CEA (CARCINOEMBRYONIC ANTIGEN) (F)
- ☐ COMPLEMENT, TOTAL (F)
- ☐ CORTISOL, PLASMA
- ☐ CPK ISOENZYMES (F)
- ☐ ERA/PRA RECEPTORS (F)
- ☐ ESTRIOL PREG. SERUM ☐ URINE
- ☐ ESTROGENS, TOTAL, SERUM
- ☐ ESTRADIOL-17B, SERUM
- ☐ FERRITIN (F)
- ☐ FOLIC ACID, SERUM (F) ☐ RBC (F)
- ☐ FSH SERUM
- ☐ FTA-ABS (FLUOR, TREPONEMA ANTIBODY)
- ☐ GASTRIN (F)
- ☐ GGT (GAMMA GLUTAMYL TRANSPEPTIDASE)
- ☐ GLYCOHEMOGLOBIN
- ☐ GROWTH HORMONE (HGH)
- ☐ HB_S ANTIGEN ☐ HB_S ANTIBODY
- ☐ HB_C ANTIBODY ☐ HA ANTIBODY
- ☐ HB_e ANTIGEN ☐ HB_e ANTIBODY
- ☐ HCG B SUBUNIT (TUMOR MARKER, QUANT)
- ☐ HCG B SUBUNIT (PREGNANCY, QUAL)
- ☐ HDL CHOLESTEROL
- ☐ HEMOGLOBIN ELECTROPHORESIS
- ☐ 5-HIAA QUANT, 24 HOUR URINE
- ☐ HLA B27 DO NOT REFRIGERATE
- ☐ 17-HYDROXYCORTICOSTEROIDS, P-S
- ☐ IMMUNOELECTROPHORESIS, SERUM
- ☐ IMMUNOGLOBULINS A,G,M, SERUM
- ☐ IMMUNOGLOBULIN E (IgE) BY RIA
- ☐ INSULIN, SERUM, (F)
- ☐ 17-KETOGENIC STEROIDS, 24 HOUR URINE
- ☐ 17-KETOSTEROIDS, 24 HOUR URINE
- ☐ L/S RATIO (F)
- ☐ LDH ISOENZYMES DO NOT REFRIGERATE
- ☐ LEGIONNELLA ANTIBODY
- ☐ METANEPHRINES, TOTAL, 24 HOUR URINE
- ☐ OSMOLALITY, SERUM (F) ☐ URINE (F)
- ☐ OXALATE, 24 HOUR URINE
- ☐ PARATHYROID HORMONE (C-TERMINAL) (F)
- ☐ PROGESTERONE, SERUM
- ☐ PROLACTIN (F)
- ☐ PROSTATIC ACID PHOS BY RIA (PAP) (F)
- ☐ PROTEIN ELECTROPHORESIS, SERUM
- ☐ RENIN ACTIVITY, PLASMA, (F)
- ☐ RUBELLA SCREEN ☐ HAI TITER
- ☐ TESTOSTERONE, SERUM
- ☐ THYROGLOBULIN ANTIBODY
- ☐ TOXOPLASMA ANTIBODY, IFA
- ☐ T-3 RIA
- ☐ T-3 UPTAKE
- ☐ T-4 RIA ☐ FREE T-4 BY RIA
- ☐ TSH (THYROID STIM. HORMONE)
- ☐ VITAMIN B-12
- ☐ VMA (VANILLYLMANDELIC ACID)

USEFUL TEST COMBINATIONS

- ☐ BASIC CHEMISTRY EVAL. (CHEMZYME)
- ☐ HEPATITIS EVALUATION I
- ☐ HEPATITIS EVALUATION II
- ☐ HEPATITIS EVALUATION III
- ☐ HEPATITIS EVALUATION IV
- ☐ HEPATITIS EVALUATION V
- ☐ VITAMIN B-12 AND FOLATE (F)
- ☐ THYROID EVALUATION I
- ☐ OTHER _____

MICROBIOLOGY (CHECK TEST AND SOURCE)

TESTS
- ☐ AEROBIC CULTURE ☐ SUSCEPTIBILITY
- ☐ ANAEROBIC CULTURE ☐ SUSCEPTIBILITY
- ☐ AFB CULTURE ☐ AFB SMEAR
- ☐ AFB SUSCEPTIBILITY
- ☐ FUNGUS CULTURE
- ☐ KOH PREP ☐ INDIA INK
- ☐ CULTURE FOR ID. *
- ☐ MIC PANEL
- ☐ MIC * ☐ MBC **
- ☐ OVA AND PARASITES
- ☐ BACTERICIDAL TITER
- ☐ SYNERGY TESTING

SOURCES
- ☐ ABCESS *
- ☐ BODY FLUID *
- ☐ BRONCHIAL
- ☐ EAR
- ☐ EYE
- ☐ NASOPHARYNGEAL
- ☐ SPINAL FLUID
- ☐ SPUTUM
- ☐ STOOL
- ☐ THROAT
- ☐ TISSUE BIOPSY *
- ☐ URINE: CLEAN CATCH
- ☐ URINE: SPECIAL *
- ☐ URO-GENITAL *
- ☐ WOUND
- ☐ OTHER *

* DESCRIBE
** LIST ANTIBIOTIC

ADDITIONAL TESTS

CBC, DIFFERENTIAL, PLATELETS

COMMENTS, CLINICAL INFORMATION, OR MEDICATION HISTORY

TOXICOLOGY EVALUATIONS & INDIVIDUAL TESTS

- ☐ COMPREHENSIVE DRUG ANALYSIS
- ☐ ACETAMINOPHEN
- ☐ ALCOHOL, ETHYL, BLOOD
- ☐ AMIKACIN
- ☐ AMITRIPTYLINE (ELAVIL), QUANT.
- ☐ ARSENIC, QUANTITATIVE, URINE
- ☐ BARBITURATES, TOTAL & ID, BLOOD
- ☐ CARBOXYHEMOGLOBIN, QUANTITATIVE
- ☐ CLONAZEPAM (CLONOPIN)
- ☐ DESIPRAMINE
- ☐ DIGOXIN
- ☐ DILANTIN (PHENYTOIN)
- ☐ RAPID URINE DRUG SCREEN
- ☐ ETHOSUXIMIDE (ZARONTIN)
- ☐ GENTAMICIN
- ☐ HEAVY METALS, QUANT (As, Pb, Hg)
- ☐ IMIPRAMINE
- ☐ LEAD, BLOOD ☐ LEAD, URINE
- ☐ LITHIUM
- ☐ MAGNESIUM, SERUM
- ☐ MERCURY, QUANTITATIVE, URINE
- ☐ MYSOLINE (PRIMIDONE)
- ☐ NORPACE (DISOPYRAMIDE)
- ☐ PCP (PHENCYCLIDINE), URINE
- ☐ URINE DRUG ABUSE SCREEN (NOT AVAILABLE STAT)
- ☐ PHENOBARBITAL
- ☐ PROCAINAMIDE (PRONESTYL)
- ☐ QUINIDINE
- ☐ SALICYLATES, BLOOD
- ☐ TEGRETOL (CARBAMAZEPINE)
- ☐ THEOPHYLLINE (AMINOPHYLLINE)
- ☐ THIOCYANATE
- ☐ TOBRAMYCIN
- ☐ VALIUM (DIAZEPAM)
- ☐ VALPROIC ACID (DEPAKANE)
- ☐ ZINC, BLOOD ☐ ZINC, URINE

(F) SUBMIT FROZEN

BILLING COPY

HOSPITAL REQUISITION 3-85

AWARE LAB PROTOCOL: SFGH VIROLOGY LAB FOR CMV CULTURES

WHAT SPECIMENS TO SEND:

1) Any subject who is already having a pelvic exam for ARV cultures.

I. DO PAPERWORK

1) Fill out small virology lab slip. See sample.

II. LABEL CONTAINERS

1) Tubes/containers needed for vag/cerv: 1 black-top plastic tube, with ½-1 ml. non-bacteriostatic saline in it.
2) Tubes/ containers needed for urine: 1 urine cup for specimen collection, 1 black-top plastic tube for putting specimen into.
3) Label both tubes with AWARE, study #, date, and type of specimen/test needed (i.e. Vaginal/cervical secretions for CMV)

III. OBTAIN SPECIMENS

1) Get urine before doing pelvic.
2) Get vaginal/cervical when doing it for ARV cultures. Use swab and put into saline in tube, leave swab in and break off end.

IV. PACKAGE SPECIMENS

1) Put urine and vag/cerv tubes into plastic bag with virology slip.

V. SEND SPECIMENS

1) Give to Dale in Ward 86 lab and ask him to arrange for them to go to to the virology lab.

VI. AWAIT RESULTS/RECORD RESULTS

1) No system for this yet; if necessary to know, call Joanne in Virology lab, x5466. Generally CMV cultures take at least a month to grow.

SAMPLE

TO: SFGH VIROLOGY LAB
FROM: LAURIE HAUER, R.N.
PROJECT AWARE

10-1-85
DATE

0000 | (+) | ?

STUDY # | ARV AB.+/- | CMV AB.+/-

- [x] VAGINAL/CERVICAL SECRETIONS-CMV
- [x] URINE - CMV
- [ ] RED-TOP TUBE-CMV SEROLOGY/TITER
- [ ] SERUM VIAL- CMV SEROLOGY/TITER
- [ ] OTHER. _____

SPECIAL INFORMATION OR INSTRUCTIONS:

PLEASE CALL RESULTS TO x8695 OR SEND TO
L.HAUER, AWARE, WARD 84

City and County of San Francisco **Department of Public Health**

October 30, 1985

Dr. Constance Wofsy
Co-Director, AIDS Clinic
A.W.A.R.E.; Ward 84
San Francisco General Hospital
995 Potrero
San Francisco, CA 94110

Dear Dr. Wofsy:

As you know, we have provided the A.W.A.R.E. research study with serological testing services for antibodies to ARV. Test results have been issued on about 26 specimens as of October 18, 1985. At this relatively low level of testing I don't expect any difficulty in supporting your research study needs. However, we are unclear at this time as to our level of financial support for this type of service once we shift from Federal to State funds at the end of January, 1986.

For your information, I enclose descriptive material on our test program and hope we will be able to continue to support this type of research study effort after January, 1986.

Sincerely,

Arthur Back, Dr. P.H.
Director, Public Health Laboratories

AB:nn

Encl. 3