



HPTN 052 (096)

PCC-1 (320)

Visit Code

Visit Code

Partner ID

-    -   -

Site Number      Index Number      Partner      Chk

Partner Complete Chemistries

Initial Collection Date

dd      MMM      yy

**Instructions:** Complete this form at partner seroconversion only.

Not done/ Not collected	Alternate Collection Date		
	dd	MMM	yy
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. LIVER FUNCTION TESTS

1a. Alkaline phosphatase     U/L

1b. AST (SGOT).....     U/L

1c. ALT (SGPT) .....     U/L

1d. Total bilirubin.....   .  mg/dL

Not done/ Not collected	Alternate Collection Date		
	dd	MMM	yy
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. ELECTROLYTES

2a. Sodium .....    mEq/L

2b. Potassium .....   .  mEq/L

2c. Chloride .....    mEq/L

2d. Phosphate .....   .  mg/dL

2e. CO<sub>2</sub>/bicarbonate .....   mEq/L

Not done/ Not collected	Alternate Collection Date		
	dd	MMM	yy
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. RENAL FUNCTION TESTS

3a. Creatinine.....   .  mg/dL

Not done/ Not collected	Alternate Collection Date		
	dd	MMM	yy
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. OTHER CHEMISTRIES

4a. Albumin .....   .  g/dL

Comments: \_\_\_\_\_

---

## Partner Complete Chemistries (PCC-1)

Record specimen test results on this form as they become available from the local lab. Fax this form to SCHARP DataFax when results for *all* collected specimens are available and recorded.

### Item-specific Instructions:

- **Initial Specimen Collection Date:** Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. Complete date required.
- **Alternate Collection Date:** This date is to be completed **ONLY** if the specimen was collected on a different day than the rest of the specimens. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. Complete date required.
- **Results Reporting**
  - If a specimen was collected but results are not available because the specimen was lost or damaged, line through the results and write an explanation on the comments line.
  - If the site lab does not produce test results in the units used on this form, the results must be converted before the laboratory CRF is faxed to SCHARP. Refer to Study Specific Procedures (SSP) for conversion instructions.
  - It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL.
    - If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.
  - If the site lab does not report results to the same level of precision allowed on the CRF, record a zero (0) in the box(es) to the right of the decimal point. For example, a lab-reported hematocrit value of 30% would be recorded as 30.0%.