



HPTN 052 (096)

PSC-1 (349)

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Visit Code

Partner ID

Site Number	Index Number	Partner	Chk				

Partner Specimen Collection

Initial Collection Date

dd	MMM	yy			

Instructions: Complete this form for Enrollment and yearly visits, partner seroconversion, and as clinically needed.

For each of the following, indicate if the specimen was collected.

			Alternate Collection Date		
			<i>dd</i>	<i>MMM</i>	<i>yy</i>
1. Whole blood for plasma HIV genotyping:	yes <input type="checkbox"/>	no <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

			<i>dd</i>	<i>MMM</i>	<i>yy</i>
2. Blood for storage:	yes <input type="checkbox"/>	no <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2a. Mark each component to be stored for this visit.

- whole blood
- plasma
- serum
- PBMCs

			Alternate Collection Date		
			<i>dd</i>	<i>MMM</i>	<i>yy</i>
			<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"/>

			Alternate Collection Date		
			<i>dd</i>	<i>MMM</i>	<i>yy</i>
3. Cervical sample for HIV-1 RNA:.....	yes <input type="checkbox"/>	no <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

			<i>dd</i>	<i>MMM</i>	<i>yy</i>
4. Semen sample for HIV-1 RNA:	yes <input type="checkbox"/>	no <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

			<i>dd</i>	<i>MMM</i>	<i>yy</i>
5. Genital secretions for storage:	yes <input type="checkbox"/>	no <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner Specimen Collection (PSC-1)

- The Partner Specimen Collection form is used to track all specimens collected and used for data analysis. It is not used to record specimens collected and analyzed in your local lab.

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.
- **Item 1:** Plasma for HIV genotyping is sent to a regional lab for processing. The U.S. site will conduct its own HIV genotyping.
- **Item 2:** Whole blood, plasma, serum, and PBMCs will be collected and stored at each site for future analysis. For participants who do not consent for long-term specimen storage, archived samples must be destroyed after all protocol-required and quality assurance testing has been completed.
- **Items 3–4:** Cervical and seminal samples are sent to the HPTN Central Lab.