



MTN 008 (180)

FC-1 (064)

Visit Code

1

Participant ID

- - - 0
Site Number Participant Number Chk Who

Flow Cytometry

Specimen Collection Date

dd MMM yy

Specimen Collection Time

: 24-hour clock
hr min

Not done/
Not collected

1. FLOW CYTOMETRY

Absolute Count

1a. Lymphocyte *cells/mm³*

% Absolute Count

1b. CD3 (CD3/CD4) AND *cells/mm³*

% Absolute Count

1c. CD4 (CD3/CD4) AND *cells/mm³*

% Absolute Count MFI

1d. CD38 (CD3/CD4/CD38)..... AND *cells/mm³* AND

% Absolute Count MFI

1e. HLA-DR (CD3/CD4/HLA-DR) AND *cells/mm³* AND

% Absolute Count

1f. Dual Positive AND *cells/mm³*

(CD3/CD4/CD38/HLA-DR)

MFI: x-axis (HLA-DR) MFI: y-axis (CD38)

AND

Comments: _____

Flow Cytometry (FC-1)

Purpose: This form is used to document maternal flow cytometry laboratory results.

Item-specific Instructions:

- **Visit Code:** Record the visit code assigned to the visit. See the Data Collection section of the Study Specific Procedures (SSP) for more specific information on assigning visit codes.
- **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. A complete date is required.
- **Specimen Collection Time:** When recording time, use a 24-hour clock (e.g., 8:12 p.m. is recorded as 20:12).
- **Not done/Not collected:** Mark this box in the event that a specimen is collected, but a result is not available due to specimen loss or damage. Specify the reason on the Comments lines.