

ROUTINE FORMS SPECIFICALLY FOR MOTHER

P²C² HIV
PARENTAL HISTORY QUESTIONNAIRE
FORM # 11

INSTRUCTIONS

This form is to be completed by the interviewer during the interview session. The interview introduction will be read to the participant at the beginning of the session.

Missing data codes appear on the first page of the questionnaire as well as the codes to be used for "no" and "yes" responses.

Routine Schedule:

- Group I - Complete this form within the first month on study.
- Group II - Complete this form within the first month of the child's life.

The individual responding to the questionnaire may be one of a number of relations to the biological parents. Each question provides alternate wording written in italics to accommodate all situations.

Example: What is (*the mother's/your*) date of birth?

If a social worker is being interviewed, the interviewer should read the question in the following manner:

What is the mother's date of birth?

If the biological mother is being interviewed, the interviewer should read the question as follows:

What is your date of birth?

<u>ITEM #</u>	<u>INSTRUCTIONS/NOTES</u>
2 - 15	These questions apply to the <u>biological</u> mother.
3	These groupings are per the CDC.
4a - 4c	<u>Skip</u> these questions if the biological mother is responding to this questionnaire.

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- | <u>ITEM #</u> | <u>INSTRUCTIONS/COMMENTS</u> |
|------------------------|--|
| 5a | If the response to this question is "yes", form #96 (PARTICIPATION IN OTHER STUDIES) will need to be completed after the interview. Use the information collected from 5b and 5c to identify the study and initiate the completion of form #96. |
| 6a - 6i | Indicate if the biological mother has a history of any of the illnesses listed by responding no, yes or unknown to <u>each item</u> . If the mother has a medical history which is not specified in items 6a - 6h, enter "1" (yes) for item 6i and specify the illness(es) in the space provided. |
| 7a - 7d | Respond to <u>each item</u> listed. |
| 8 | "Regular basis" - at least one every day. |
| 9b | If the mother smoked cigarettes for only a portion of her pregnancy, the response to this question should reflect the number of cigarettes smoked during that same period. <u>Do not average over the course of the pregnancy.</u> (i.e. If the mother smoked in the first trimester only, and during that period smoked 1 pack per day, the response would be "3" one pack per day.) |
| 11b | If the mother drank alcohol for only a portion of her pregnancy, the response to this question should reflect the total number of drinks per week during that same period. <u>Do not average over the course of the pregnancy.</u> (i.e. If the mother drank approximately 5 drinks per week for the first 5 months of her pregnancy and then quit, the response would be "2" 5 - 10 drinks per week.) |
| 12a - 12k
13b - 13l | Indicate if the biological mother has a history of drug use currently and during pregnancy. Respond no, yes or unknown to <u>each item</u> . If the mother has a drug history which is not specified in items a - k, enter "1" (yes) for item i and specify the street drugs in the space provided.

Refer to the last page of these instructions for a list of street and other drug names. |
| 14 | <u>Include</u> child or children on this study in the total count. |
| 16 - 20 | These questions refer to the <u>biological</u> father. |
| 17a - 17c | <u>Skip</u> these questions if the biological father is responding to this questionnaire. |
| 20a - 20k | See last page of these instructions for a list of street and other drug names. |

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PARENTAL HISTORY QUESTIONNAIRE
FORM # 11

FOR QUESTIONS 12a - 12k, 13b - 13l and 20a - 20k.

EXAMPLES OF STREET AND OTHER DRUG NAMES

BARBITURATES:	- "Mickies"	- Seconal
	- "Downers"	- Tuinal
	- Nembutal	- Phenobarbital
AMPHETAMINES:	- Speed	- Preludin
	- "Crank"	- Methamphetamine
	- "Ups"	- "MDA"
	- Benzedrine	- Dexedrine
MARIJUANA:	- "Pot"	- "Mary Jane"
	- "Weed"	- Grass
	- "Herb"	- Reefer
NITRATE	- Amyl nitrate	
INHALANTS:		
PCP:	- "Angel dust"	
COCAINE:	- "Coke"	- "Freebase"
HEROIN:	- "Dope"	- "Smack"
OTHER INHALANTS:	- Glue	- Chloroform
(examples)	- Gasoline	- Nitrous Oxide
	- Paint thinner	(laughing gas)
	- Aerosol spray	- Kerosene
	- Ether	
OTHER DRUGS:	- Methadone	- Percocet
(examples)	- Opium	- Percodan
	- Morphine	- "Blues"
	- Codeine	- Elavil
	- Demerol	- Triavil
	- Dolophine	- Tofranil
	- Dilaudid	- Imipramine

Mother's ID #: _____ P²C² HIV

PARENTAL HISTORY QUESTIONNAIRE

IF THE BIOLOGICAL MOTHER IS THE PERSON RESPONDING TO THIS QUESTIONNAIRE, SKIP QUESTION 4.

4. a. Is the biological mother alive?

MALIVE

If no, complete 4b and 4c

b. What is her date of death? (mm/dd/yy) 5 - MATH

c. What was the cause of her death?

MCAUOTH

- 1 - HIV related illness
- 2 - non-HIV related illness
- 3 - accidental death
- 4 - death by violence
- 9 - other

(Specify: MCAUOTH)

PARTICIPATION IN OTHER STUDIES

5. During the pregnancy did (the mother / you) participate in any other studies?

PARTICI 1

If yes, complete the following two items (not for data entry). In addition, after the conclusion of this interview, complete form #96.

o What is the name of the study? PARTICI 2

o What is the name of the contact person and / or the study identification number?

PARTICI 3

MEDICAL HISTORY

6. (Does the biological mother / Do you) have a history of any of the following illnesses:

a. Wheezing/Asthma

MEDHIST 1

b. Allergies

MEDHIST 2

c. Hay fever

MEDHIST 3

d. Cystic fibrosis

MEDHIST 4

PARENTAL HISTORY QUESTIONNAIRE

Medical History continued ...

- e. Congenital heart disease
- f. Anemia
- g. Hemophilia
- h. Diabetes
- i. Other
(Specify: MHOHSP)

MEDHIST5
MEDHIST6
MEDHIST7
MEDHIST8
MEDHIST9

HIV RISK FACTORS

7. Indicate if any of the following apply to (the biological mother / you). (Has she / Have you) ever:
- a. Used IV drugs
 - b. Had sexual relations with drug users
 - c. Had sex with men who have had sex with other men ..
 - d. Received blood transfusions prior to 1985

REACT1
REACT2
REACT3
REACT4

SMOKING HISTORY

8. (Does the mother / Do you) smoke on a regular basis (at least one cigarette per day)?
9. a. Did (the mother / you) smoke cigarettes on a regular basis while (she was / you were) pregnant with the child on the study?

MSMOKE

SMKPREG1

If yes, complete 9b

- b. How many cigarettes did (she / you) smoke per day while (she was / you were) pregnant with the child on this study?
- 1 - less than 1/2 a pack
 - 2 - 1/2 pack - less than one pack
 - 3 - one pack or more

SMKPREG2

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PARENTAL HISTORY QUESTIONNAIRE

ALCOHOL CONSUMPTION

10. (Does the mother / Do you) drink alcohol (beer, wine, liquor) on a regular basis (at least once a day)?

NO DRINK

11. a. Did (the mother / you) drink alcohol at anytime while pregnant with the child on this study?

DRK PREG 1

If yes, complete 11b:

b. How many drinks did (she / you) have per week while (she was / you were) pregnant with the child on this study?.....
1 - 1 - 4 drinks per week
2 - 5 - 10 drinks per week
3 - more than 10 drinks per week

DRK PREG 2

DRUG USE

FOR QUESTIONS 12 AND 13, REFER TO THE FORMS MANUAL INSTRUCTIONS FOR EXAMPLES OF "STREET" AND OTHER DRUG NAMES.

12. (Has the biological mother / Have you) ever used any of the following "street drugs":

- a. Sleeping pills, tranquilizers or barbiturates
- b. Speed, amphetamines or Ice.....
- c. Marijuana, hash or THC
- d. Nitrate inhalants or poppers
- e. PCP
- f. Crack
- g. Cocaine
- h. Heroin
- i. Methadone

NO DRUG 1

NO DRUG 2

NO DRUG 3

NO DRUG 4

NO DRUG 5

NO DRUG 6

NO DRUG 7

NO DRUG 8

NO DRUG 9

P²C² HIV

PARENTAL HISTORY QUESTIONNAIRE

Mother drug use continued

j. Other inhalants
(Specify: OTH INHAL)

MDRUG 10

k. Other "street drugs"
(Specify: OTH STR)

MDRUG 11

13. a. Did (the mother / you) use any "street drugs" while
(she was/ you were) pregnant with the child on this
study?

DRUG PRG

If yes, complete 13b - 13l:

Did (she / you) use:

b. Sleeping pills, tranquilizers or barbiturates

DRUG PG 1

c. Speed, amphetamines or Ice.....

DRUG PG 2

d. Marijuana, hash or THC

DRUG PG 3

e. Nitrate inhalants, or poppers

DRUG PG 4

f. PCP

DRUG PG 5

g. Crack

DRUG PG 6

h. Cocaine

DRUG PG 7

i. Heroin

DRUG PG 8

j. Methadone

DRUG PG 9

k. Other inhalants
(Specify: OTH PG IN)

DRUG PG 10

l. Other "street drugs"
(Specify: OTH PG ST)

DRUG PG 11

Mother's ID #: _____

P²C² HIV

PARENTAL HISTORY QUESTIONNAIRE

BIOLOGIC CHILDREN

14. How many children (*has the biologic mother / have you*) given birth to, including the child (or children) on this study?

BTHNUMBS

If the response is "2" or more, complete question 15:

15. a. Are all (*her / your*) children living now?

LIVE NOW

If no, complete 15b:

b. How many died?

NUMBDEAD

If response to 15b is "1" or more, complete 15c - 15g.

Did (*this child / any of these children*) die due to (respond to each):

c. HIV related disease

HIV RELAT

d. non-HIV related illness

NON-HIV

e. accidental death

ACCIDENT

f. death by violence

VIOLENCE

g. other

OTHOTHER

(Specify: OTHOTHSP)

PARENTAL HISTORY QUESTIONNAIRE

PART B: HISTORY OF BIOLOGICAL FATHER

16. What is (the father's /your) race?
- 1 - White Non-Hispanic
 - 2 - Black Non-Hispanic
 - 3 - Hispanic
 - 4 - Asian/Pacific Islander
 - 5 - American Indian/Alaskan Native
 - 9 - other
- (Specify: FRACE OTH)

FRACE

IF THE BIOLOGICAL FATHER IS THE PERSON RESPONDING TO THIS QUESTIONNAIRE, SKIP QUESTION 17.

17. a. Is the biological father alive?
- If no, complete 17b and 17c:
- b. What is the father's date of death? (mm/dd/yy) DT-FDTH
- c. What was the cause of his death?
- 1 - HIV related illness
 - 2 - non-HIV related illness
 - 3 - accidental death
 - 4 - death by violence
 - 9 - other
- (Specify: FCAUOTH)

FALSE

FCAUOTH

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PARENTAL HISTORY QUESTIONNAIRE

MEDICAL HISTORY

18. (Does the biological father / Do you) have a history of any of the following illnesses:

- a. Wheezing/Asthma
- b. Allergies
- c. Hay fever
- d. Congenital heart disease
- e. Anemia
- f. Hemophilia
- g. Diabetes
- h. Other
(Specify: FMOTHSP)

FMEDHT1
FMEDHT2
FMEDHT3
FMEDHT4
FMEDHT5
FMEDHT6
FMEDHT7
FMEDHT8

HIV RISK FACTORS

19. Indicate if any of the following apply to (the biological father / you). (Has he / Have you) ever:

- a. Used IV drugs
- b. Had sexual relations with drug users
- c. Had sex with other men
- d. Received blood transfusions prior to 1985

FRFACT1
FRFACT2
FRFACT3
FRFACT4

P²C² HIV

PARENTAL HISTORY QUESTIONNAIRE

DRUG USE

FOR QUESTION 20, REFER TO THE FORMS MANUAL INSTRUCTIONS FOR EXAMPLES OF "STREET" AND OTHER DRUG NAMES.

20. (Has the biological father / Have you) ever used any of the following:

- a. Sleeping pills, tranquilizers or barbiturates
- b. Speed, amphetamines or Ice.....
- c. Marijuana, hash or THC
- d. Nitrate inhalants or poppers
- e. PCP
- f. Crack
- g. Cocaine
- h. Heroin
- i. Methadone
- j. Other inhalants
(Specify: FOTHJNH)
- k. Other "street drugs"
(Specify: FOTHSD)

FDRUG 1
 FDRUG 2
 FDRUG 3
 FDRUG 4
 FDRUG 5
 FDRUG 6
 FDRUG 7
 FDRUG 8
 FDRUG 9
 FDRUG 10
 FDRUG 11

Entered by: CERT-NO
(cert. #)

Date entered: 7/1/91
(mm/dd/yy) *STEFMENT*

P²C² HIV**DOCUMENTED MEDICAL HISTORY (GROUPS I AND II MOTHERS)****FORM # 12****INSTRUCTIONS**

This form is to be completed for mothers in Groups I and II at the time of enrollment of each patient. (If more than one child is enrolled, and the enrollments are at different times, a new history form will need to be completed.) The information collected on this form must be abstracted from medical record documentation.

<u>ITEM #</u>	<u>INSTRUCTIONS/NOTES</u>
1b, 2b, 3b	The "date of the test" is the date the serum or culture sample is taken.
4a - 4j	Indicate if the biological mother has a history of any of the diseases listed by entering "0" or "1" in the first column. Respond to each item listed. If the response is "1", also include the date of the diagnosis in the space provided.
	4a - This question refers to a history of a positive CMV titer. The response would be "1" (yes) whether or not the patient had actually developed a disease from the infection.
	4j - If the response is "1" (yes), enter the diagnosis and the date of diagnosis in the specify field.

P²C² HIV

DOCUMENTED MEDICAL HISTORY (GROUPS I AND II MOTHERS)

3. a. HIV culture HIV CULTM
 0 = no
 1 = yes

If yes, complete 3b and 3c:

b. Date of test (mm/dd/yy) DT-HIVM
 ___/___/___

c. Results HIVM
 0 = negative
 1 = positive
 3 = equivocal

4. Does the mother have a documented history of any of the following (respond to each and include date of diagnosis if response is yes):

	<u>Disease</u> (0 = no 1 = yes)	<u>Date of diagnosis</u> (mm/dd/yy)
a. Cytomegalovirus	<u>CMVM</u>	<u>DT-CMVM</u> ___/___/___
b. Epstein-Barr virus	<u>EBVM</u>	<u>DT-EBVM</u> ___/___/___
c. Herpes	<u>HERPM</u>	<u>DT-HERPM</u> ___/___/___
d. Syphilis	<u>SYPHM</u>	<u>DT-SYPHM</u> ___/___/___
e. Gonorrhea	<u>GONOM</u>	<u>DT-GONOM</u> ___/___/___
f. Pneumocystis Carinii Pneumonia	<u>PCPM</u>	<u>DT-PCPM</u> ___/___/___
g. Kaposi's Sarcoma	<u>KAPM</u>	<u>DT-KAPM</u> ___/___/___
h. Toxoplasmosis	<u>TOXOM</u>	<u>DT-TOXOM</u> ___/___/___
i. Hepatitis B	<u>HEPTM</u>	<u>DT-HEPTM</u> ___/___/___
j. Other infectious AIDS related diseases	<u>OTHEREID</u>	<u>DT-FMENT</u> ___/___/___

(Specify diagnoses: OTHEREIDS)
 [Include dates of diagnoses]

Entered by: CERT-NO
 (cert. #)

Date entered: DT-FMENT
 (mm/dd/yy)

P²C² HIV
EBV CULTURE (GROUP II MOTHERS)
FORM # 13

INSTRUCTIONS

This form is completed for Group II mothers, only. If a mother has more than one Group II child enrolled on the P²C² HIV study, testing will be performed for each pregnancy. (For multiple births [i.e. twins] only one form will need to be completed for that term. Use the ID# of the first twin.)

Prenatal enrollment: It is preferred that testing be performed within one month of the estimated date of confinement (EDC). Complete this form accordingly.

Postnatal enrollment: Testing is to be done as close to the time of delivery as possible. Complete this form accordingly.

(NOTE: The data collection form will be completed at the University of Texas Health Science Center in San Antonio, Texas and returned to the Clinical Center for data entry.)

<u>ITEM #</u>	<u>INSTRUCTIONS/NOTES</u>
1	The "date of the specimen" is the date the throat washing is done.
3	Enter the specimen number as identified by the laboratory department.
4	Cultures are held for eight weeks; cells are checked weekly. Enter the date of the final reading.
5b	Enter the titer if the final reading is positive.

P²C² HIV
EBV CULTURE (GROUP II MOTHERS)

Form #: 13

Mother's ID #: MI DNO

Date Completed: DT-FORM
(mm/dd/yy)

Patient ID #: IDNO

Completed by: _____
(print name)

Throat Washing (Saliva Culture)

- 1. Date of specimen (mm/dd/yy) DT-MEBVS
- 2. Date placed in culture (mm/dd/yy) DT-MEBVP
- 3. Specimen number MEBVSNO
- 4. Date of final reading (mm/dd/yy) DT-MEBV
- 5. a. Final reading MEBV
 - 0 = negative
 - 1 = positive
 - 2 = unsatisfactory

If positive, complete 5b:

b. Titer of positive specimen (TD₅₀/ml) (Log₁₀) MEBVTITE

Entered by: CERT-NO
(cert. #)

Date entered: DT-FMENT
(mm/dd/yy)

P²C² HIV
CMV CULTURE (GROUP II MOTHERS)
FORM # 14

INSTRUCTIONS

This form is to be completed for Group II mothers, only. If a mother has more than one Group II child enrolled on the P²C² HIV study, testing will be performed for each pregnancy. (For multiple births [i.e. twins] only one form will need to be completed for that term. Use the ID# of the first twin.)

Prenatal enrollment: It is preferred that testing be performed within one month of the estimated date of confinement (EDC). Complete this form accordingly.

Postnatal enrollment: Testing is performed as close to the time of delivery as possible. Complete this form accordingly.

<u>ITEM #</u>	<u>INSTRUCTIONS/NOTES</u>
1a	The "date of the specimen" is the date the urine sample is taken.
1d	Tubes will be read every two - three days and will be discarded after four weeks. The date of the final reading will be entered.

P²C² HIV
CMV CULTURE (GROUP II MOTHERS)

Form #: 14

Mother's ID #: MI DNO

Date Completed: DT-FORM
(mm/dd/yy)

Patient ID #: I DNO

Completed by: _____
(print name)

1. Urine Culture

- a. Date of specimen (mm/dd/yy) DT-MCMVS
- b. Date placed in culture (mm/dd/yy) DT-MCMVP
- c. Specimen number MCMVSNO
- d. Date of final reading (mm/dd/yy) DT-MCMV
- e. Final reading MCMV
 - 0 - negative
 - 1 - positive
 - 2 - unsatisfactory

Entered by: _____
(cert. #)

Date entered: / /
(mm/dd/yy)

P²C² HIV
CMV SEROLOGY (GROUP II MOTHERS)
FORM # 15

INSTRUCTIONS

This form is to be completed for Group II mothers, only. If a mother has more than one Group II child enrolled on the P²C² HIV study, testing will be performed for each pregnancy. (For multiple births [i.e. twins] only one form will need to be completed for that term. Use the ID# of the first twin.)

Prenatal enrollment: It is preferred that testing be performed within one month of the estimated date of confinement (EDC). Complete this form accordingly.

Postnatal enrollment: Testing is performed as close to the time of delivery as possible. Complete this form accordingly.

ITEM # **INSTRUCTIONS/NOTES**

- 1a The "date of the specimen" is the date the serum sample is taken.
- 1c Two methods can be used for serology testing, antibody titer and ELISA. In the first column, under "Test Done", indicate if the specific test was performed by entering a "0"(no) or "1" (yes). If the response for an item is "1", enter the test result in the second and third column for IgG and IgM.

P²C² HIV CMV SEROLOGY (GROUP II MOTHERS)

Form #: 15

Mother's ID #: MIDNO

Date Completed: DT-FORM
(mm/dd/yy)

Patient ID #: IDNO

Completed by: _____
(print name)

1. Cytomegalovirus

a. Date of specimen (mm/dd/yy) DT-MSCMV

b. Specimen number MSCMVSNO

c. Test Done - Indicate the type of test performed by entering "0"(no) or "1"(yes) in the first column. If the response is yes, document the test results.

	<u>Test Done</u>	<u>IgG</u>	<u>IgM</u>
Antibody titer	<u>MSCMVAT</u>	<u>1</u> : <u>MSCMVTIT</u> <small>(titer)</small>	<u>1</u> : <u>MSCMTIT2</u> <small>(titer)</small>
ELISA	<u>MSCMVELI</u>	<u>MSCMVOB</u> <small>(optical density or index)</small>	<u>MSCMVOB2</u> <small>(optical density or index)</small>

d. Final result MSCMV

0 = negative	3 = positive, active
1 = positive, NOS	4 = unsatisfactory
2 = positive, past	5 = equivocal

If an ELISA was done, complete 1e:

e. Method of testing MCMVMETH

1 - Sigma Diagnostics	4 - Wittaker Labs
2 - Becton Dickinson	9 - Other
3 - Diamedix Corp.	(Specify: <u> MCMVSPEC </u>)

Entered by: CERT-NO
(cert. #)

Date entered: DT-FMENT
(mm/dd/yy)

P²C² HIV
IMMUNOLOGIC STUDIES (GROUP II MOTHERS)
FORM # 16

INSTRUCTIONS

This form is to be completed for Group II mothers, only. If a mother has more than one Group II child enrolled on the P²C² HIV study, testing will be performed for each pregnancy. (For multiple births [i.e. twins] only one form will need to be completed for that term. Use the ID# of the first twin.)

Prenatal enrollment: It is preferred that testing be performed within one month of the estimated date of confinement (EDC). Complete this form accordingly.

Postnatal enrollment: Testing is performed as close to the time of delivery as possible. Complete this form accordingly.

ITEM # **INSTRUCTIONS/NOTES**

1 The "date of the test" is the date the blood sample is taken.

3 Enter the white blood count as 10³ per millimeters cubed. If the total count is given, move the decimal three spaces to the left and enter the number.

Example: WBC count of 10,000 is entered as

___ 1 0 . 0

4 Lymphocyte % = $\frac{\text{Total lymphocyte count}}{\text{Total white blood count}}$

5 - 9 Lymphocyte subset % = $\frac{\text{Total subset count}}{\text{Total lymphocyte count}}$

P²C² HIV
IMMUNOLOGIC STUDIES (GROUP II MOTHERS)

Form #: 16

Mother's ID #: MI DNO

Date Completed: DT-FORM
(mm/dd/yy)

Patient ID #: IDNO

Completed by: _____
(print name)

- 1. Date of test (mm/dd/yy) DT-IMM
- 2. Specimen number MIMMSNO
- 3. WBC (x 10³/mm³) MWBC.
- 4. Lymphocytes (%) MLYMPH
- 5. CD3 (T-cells) (%) MCB3
- 6. CD4 (T-Helper cells) (%) MCB4
- 7. CD8 (T-Suppressor cells) (%) MCB8
- 8. CD19 (B-cells) (%) MCB19
- 9. CD20 (B-cells) (%) MCB20

Entered by: CERT-NO
(cert. #)

Date entered: DT-FMENT
(mm/dd/yy)

P²C² HIV
EBV SEROLOGY (GROUP II MOTHERS)
FORM # 17

INSTRUCTIONS

This form is to be completed for Group II mothers, only. If a mother has more than one Group II child enrolled on the P²C² HIV study, testing will be performed for each pregnancy. (For multiple births [i.e. twins] only one form will need to be completed for that term. Use the ID# of the first twin.)

Prenatal enrollment: It is preferred that testing be performed within one month of the estimated date of confinement (EDC). Complete this form accordingly.

Postnatal enrollment: Testing is to be performed as close to the time of delivery as possible. Complete this form accordingly.

(NOTE: The data collection form will be completed at the University of Texas Health Science Center in San Antonio, Texas and returned to the Clinical Center for data entry.)

<u>ITEM #</u>	<u>INSTRUCTIONS/NOTES</u>
1	The "date of the specimen" is the date the serum sample is taken.
2	Enter the specimen number as identified by the laboratory department.
7	Positive, past = +IgG and/or +EBNA with -IgM Positive, active = +IgM

P²C² HIV
EBV SEROLOGY (GROUP II MOTHERS)

Form #: 17

Mother's ID #: MJDNO

Date Completed: DT-FORM
(mm/dd/yy)

Patient ID #: JDNO

Completed by: _____
(print name)

- 1. Date of specimen (mm/dd/yy) DT-MSEBV
 - 2. Specimen number MSEBVSNO
 - 3. VCA-IgG titer 1 : MSEBVIGG
 - 4. VCA-IgM titer 1 : MSEBVIGM
 - 5. EBNA titer 1 : MSEBNA
 - 6. a. EA-IgG titer 1 : MSEAIIGG
- If response is "0", skip to item 7.
- b. Directed to MEBVDIR
 - 1 - diffuse component
 - 2 - restricted component
 - 3 - both diffuse and restricted
- 7. Final result MSEBV
 - 0 - negative
 - 11 - positive, NOS, past
 - 12 - positive, acute, primary
 - 13 - positive, recent or convalescent
 - 14 - positive, reactivation or enhanced
 - 15 - unsatisfactory

Entered by: CERT-NO
(cert. #)

Date entered: DT-FM ENT
(mm/dd/yy)