

**PULMONARY AIDS CLINICAL STUDY**  
**FORM V - SPECIMEN EVALUATION FORM**

**Introduction**

There are a number of procedures that will be performed throughout the study. These procedures will result in specimens for analysis. When a procedure is performed, two forms must be filled out: one describing the procedure itself (Sputum Collection Form--M, Bronchoscopy Form--B, or Other Diagnostic Procedures--O) and the other describing the specimen taken and the results of the analysis of the specimen (Specimen Evaluation Form--V). For a given procedure each specimen requires a separate specimen evaluation form. Thus, if bronchoscopy is performed and both bronchoalveolar lavage and a biopsy are taken, then a separate specimen form must be filled out for each of these specimens.

**Version Date:** The version date of the form, located in the upper right corner of the form, should be checked by the interviewer to insure that the correct version of the form is being used.

1. **Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.
  
2. **Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.
  
3.
  - a. **Current Date:** Enter the date the form was completed. This date must be recorded as a complete date.
  
  - b. **Time of Procedure:** Record military time procedure was performed or 00:00.

4. **Type of Specimen:** This section links the form to the one of the three procedure forms (Sputum Collection, Bronchoscopy, Other Diagnostic Procedures). Check only one box and use only one form for each specimen. Write in the site the specimen was taken from. Be as specific as possible, e.g., for endobronchial biopsy the answer could be *R Mainstem bronchus*.
5. **Results:** Each specimen may have many different tests performed on it. Check the box corresponding to whether the particular test listed was completed on the specimen. If so, give the positive diagnosis code corresponding to the diagnosis found. Example: 32 herpes simplex and 31 cytomegalovirus may grow out of viral cultures, so both codes would be entered. The diagnosis (page V-4) are divided by type. Some ARE quite specific and self-explanatory such as 43, S. Pneumoniae, others are nonspecific such as 46G+ cocci (gram positive cocci). The latter descriptive would result from a stain. The former from a culture. Do not make assumptions about a specific diagnosis. If the lab result says *G+ cocci* do not assume it is *S. pneumoniae*.
6. **Visit Type:** Indicate the visit type by checking the appropriate box. If **Baseline** or **Scheduled Follow-up** visit, skip to Question 8.
7. **Qualify as Scheduled Visit:** Indicate Yes or No if the symptom generated or one month follow-up visit qualifies by protocol definition as a scheduled visit. If the visit does not qualify as a scheduled visit, skip to Question 9.
8. **Scheduled Follow-up Month:** If baseline visit, enter 00 in the boxes provided. Otherwise, indicate which scheduled follow-up visit the form is being completed for. For routine patients, these should be the 06, 12, 18, 24, 30, 36, 42 and 48 month visits. For intense patients, these should be the 03, 06, 09, 12, 15, 18, etc. month visits.
9. **Date of Associated Intake, Interval, or Hospital Form:** Indicate the date of the Intake, Interval, or Hospital form that was completed at the visit in which this form is also being completed. If no Interval, Intake or Hospital form is associated with this form, the date should be left blank and keyed as a -1 in the Day boxes.

**Form Reviewer/Date:** The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

**Form Keyer/Date:** The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

PULMONARY COMPLICATIONS OF HIV INFECTION  
SPECIMEN EVALUATION FORM

1. Patient ID .....

2. Clinic .....

3. Date of Collection .....  Day       Month       Year

Time of Day (Military Time) .....  :

4. TYPE OF SPECIMEN (check only one): Site \_\_\_\_\_

A. Sputum (spontaneous)  01 \_\_\_\_\_

B. Sputum (induced) ...  02 \_\_\_\_\_

C. Bronchoalveolar Lavage  03 \_\_\_\_\_

D. Protected Specimen Brush  04 \_\_\_\_\_

E. Transbronchial Needle Aspirate  05 \_\_\_\_\_

F. Transbronchial Bx ..  06 \_\_\_\_\_

G. Endobronchial Bx ...  07 \_\_\_\_\_

H. Pleural Fluid .....  08 \_\_\_\_\_

I. Pleural Bx .....  09 \_\_\_\_\_

J. Open Lung Bx .....  10 \_\_\_\_\_

K. Lymph Node Bx .....  11 \_\_\_\_\_

L. Other .....  12 \_\_\_\_\_

Specify: \_\_\_\_\_

5. Results:

A. Stains:

Completed  
Yes No

Positive Diagnosis

1. Giemsa .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. Silver .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Toluidine Blue .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. PAS .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. H & E .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. PAP .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. AFB .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. Gram .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. Dieterle .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Other .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Specify: \_\_\_\_\_

B. MAB .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Specify: \_\_\_\_\_

C. DNA Probe .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Specify: \_\_\_\_\_

D. DFA .....

<input type="checkbox"/>	y	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Specify: \_\_\_\_\_

E.	Path .....	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F.	Fungal Culture .....	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G.	Bacterial Culture .....	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H.	Viral Culture .....	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I.	Mycobacterial Culture .....	<input type="checkbox"/> y <input type="checkbox"/> n	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

DIAGNOSIS CODES FOR SPECIMENS:

- Parasites      101 Pneumocystis Carinii  
                  102 Toxoplasmosis  
                  103 Cryptosporidium  
                  199 Other Parasites (specify) \_\_\_\_\_
- Mycobacterium   201 M. Tuberculosis  
                  202 M. Avium-Intracellularae  
                  203 M. Kansasii  
                  204 M. Gordonnae  
                  205 M. Xenopi  
                  206 AFB  
                  298 Culture Pending  
                  299 Other Mycobacteria (specify) \_\_\_\_\_
- Fungal            301 Cryptococcosis  
                  302 Histoplasmosis  
                  303 Coccidioidomycosis  
                  304 Candidiasis  
                  305 Blastomycosis  
                  306 Aspergillosis  
                  399 Other Fungus (specify) \_\_\_\_\_
- Virus            401 Cytomegalovirus  
                  402 Herpes Simplex  
                  403 Varicella-zoster  
                  404 Inclusion Bodies  
                  499 Other Virus (specify) \_\_\_\_\_
- Bacteria        501 Legionella  
                  502 Mycoplasma  
                  503 S. Pneumoniae  
                  504 H. Influenzae  
                  505 S. Aureus  
                  506 G+ Cocci  
                  507 G+ Rods  
                  508 G- Cocci  
                  509 G- Rods  
                  599 Other (specify) \_\_\_\_\_
- Neoplasm        601 Kaposi's Sarcoma  
                  602 Lymphoma  
                  603 Squamous Cell Carcinoma  
                  604 Adenocarcinoma  
                  605 Large Cell Carcinoma  
                  606 Small Cell Carcinoma  
                  607 Malignant Cells  
                  699 Other (specify) \_\_\_\_\_
- Other Path      901 LIP  
                  902 Nonspecific Interstitial Pneumonitis  
                  903 Lymph Node Hyperplasia  
                  904 Granulomatous Inflammation  
                  999 Other (specify) \_\_\_\_\_

6. Visit Type: <sub>0</sub><sup>\*</sup> Baseline <sub>1</sub><sup>\*</sup> Scheduled Follow-up <sub>2</sub> Symptom Generated  
<sub>3</sub> One Month Follow-up <sub>4</sub> Hospital

\* If Baseline or Scheduled Follow-up, skip to 8.

Yes No

7. Does this visit qualify as a scheduled visit? ..... <sub>y</sub> <sub>n</sub>

If No, skip to 9.

8. For which scheduled follow-up visit does this qualify? ....  month  
 (00=Baseline; 03 month, 06 month, 09 month, etc.)

9. Date of Intake, Interval, or Hospital Form associated with this form:

Day Month Year

Form Reviewed By: _____ (please print)	Date _____
Form Keyed By: _____ (please print)	Date: _____