

INSTRUCTIONS: This form should be completed by site Study Coordinator. Complete form K14A for each blood sample collected for Serology Core Laboratory analysis. Fax this form to the Data Coordinating Center on the date on which specimens are shipped to the Serology Core Laboratory.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

A2. Name of person completing form _____
 PRINT FULL NAME

A3. Study visit
 BASELINE 1
 WEEK 1 2
 WEEK 5 3

A4. Specimen collection date
 _____ / _____ / _____
 M M D D Y Y Y Y

A5. Number of cryovials _____ (1-3)

a. Vial #1 volume _____ . _____ CC

b. Vial #2 volume _____ . _____ CC

c. Vial #3 volume _____ . _____ CC

A6. Date samples shipped to Serology Core Laboratory
 _____ / _____ / _____
 M M D D Y Y Y Y

**FAX THIS FORM TO DATA COORDINATING CENTER
 ATTN: PHN SENIOR RESEARCH ASSISTANT
 FAX NUMBER: 617 - 923 - 4176**