DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date AUG 4 1982

From Chief, Surveillance and Statistics Section
Task Force on KSOI

Subject KSOI Specimen Submissal Form

To KSOI Task Force

Attached is a draft of a KSOI Specimen Submissal Form. Your comments on the form and the following instructions would be appreciated. We plan to use the attached draft form beginning immediately. Revisions based on any comments we receive can be made before we submit a finalized version to the printing office.

PURPOSE

The form is designed to accompany all KSOI specimens submitted to CDC. The form is intended:

° To assure adequate labeling of specimens in order that laboratory results can be related to any other data for that individual.

° To identify the CDC investigators who arranged for submission of the form.

° To document the type of specimens received by CDC for each individual.

° To supply names and addresses of the non-CDC individual, if any, who should receive a report of the laboratory test results.

° To provide a minimum set of demographic data for the master laboratory data tape.

IDENTIFICATION NUMBER

The ID Number and the Dates of Collection are the most critical fields on the form because these data fields will link laboratory results to any other data collected on that individual.

° Initials and Core ID

The initials of the first and last name of the individual from whom the specimen was obtained should be entered as indicated on the form.

Each individual with KSOI data maintained on the master laboratory tape or on KSOI Task Force files should be assigned a single unique Core ID Number. The only exception is matched controls who are assigned the same Core ID as the index case in the matched set. The KSOI Task Force Surveillance and Statistics Section has been assigning these numbers. The Core ID links all records and specimens for that individual. The initials will be used to verify the Core ID and to distinguish between cases and controls.

° Project Number

A number of individuals are included in more than one KSOI project with laboratory specimens collected separately for each project. The project number is necessary to assign laboratory results to the correct project.

For some cases, laboratory specimens are submitted which are unrelated to a project. These specimens should be assigned a Project Code of zero ("00"). A list of current project and group numbers is attached.

° Group Code

Group Codes should be established for each project to define the subject selection categories for that project. In particular, Group Codes are necessary to distinguish [illegible] cases from controls sharing a common Core ID. Note that the Group Code "7," which was assigned to some of the cases in the past, has been discontinued.

° Date Specimens Collected

Some projects involve collecting a series of specimens of the same type. Dates of specimen collection are necessary to establish the chronology of laboratory results.

LOGISTICS

Host Factors laboratories receive KSOI specimens submitted to CDC. A completed form should accompany all specimens received by Host Factors. In order to make forms and ID numbers available to those submitting specimens, the forms can be distributed as follows:

° Forms can be attached to KSOI project questionnaire if laboratory specimens are collected along with completion of the questionnaire.

° Forms and ID numbers should be sent to physician or others who intend to submit laboratory specimens. To facilitate this distribution, forms will be included in the KSOI laboratory specimens collection kit; separate arrangements will have to be made to supply ID numbers for completion of the form.

The above distribution of forms should minimize the number of inadequately identified specimens submitted to CDC. Those specimens received without forms and ID numbers will be assigned new Core ID numbers and a project number of "00." A Group Code of "1" will be assigned if the source of the specimen is known to be a KSOI case; otherwise, the group number will be left blank. Computer files in existence will be adjusted on Project and Group Codes to permit proper linkage between laboratory, surveillance, and survey data. All cases which cannot be identified as belonging to a specific project will be assigned to Project "00."

Robert E. Johnson, M.D., M.P.H.

Attachments

ATTACHMENT

PROJECTS AND GROUP NUMBERS FOR KSOI PROJECTS

KAPOSI'S PROJECTS

Project 00 = Cases and controls not belonging to a particular project

- Group 0 = Control or non-case
- Group 1 = Case
- Group 9 = Case status unknown

Project 01 = Original case/control study

- Group 1 = Case meeting the identification
- Group 2 = Friend Control
- Group 3 = VD clinic control
- Group 4 = VD clinic control
- Group 5 = Private physician control
- Group 6 = Heterosexual control
- Group 7 = Case that was found not to meet the original definition for the study
- Other Numbers = indicate a control which was a bad match

Project 02 = Study of homosexuals outside New York and California (1 case and 2 controls)

- Group 1 = Case
- Group 2 = VD clinic control
- Group 3 = VD clinic control

Project 03 = Study of heterosexual cases

- Group 1 = Cases

Project 04 = Reinterviews of controls from Project 1

- Group Numbers = Same as in Project 1

Project 05 = Lymphadenopathy study

- Group 0 = Lymphadenopathy study

Project 06 = L.A. Cluster study

NOTE: Cases and sex partners will be given unique identifiers.

- Group 1 = Case
- Group = Contact

Project 07 = Sloan Kettering Cooperative Study
Group 1 = Cases

Project 08 = Haitian study (all heterosexuals)
Group 0 = Controls
Group 1 = Cases

Project 09 = DeKalb Skin Test Study

Project 10 = Case-contact study Whose study is this?
Group 1 = Case
Group 2 = Contact

Project 11 = Hemophilia study
Group 0 = Non-case
Group 1 = Case

KSOI SPECIMEN SUBMISSAL FORM

1. IDENTIFICATION:
   Initials First Last (1-2) | Core No. (3-6) | Group No. (7) | Project No. (8-9)

2. DATE OF BIRTH: Yr Mo Day (10-15)

3. AGE: (16-17)

4. SEX: M F (18)

5. RACE: (19)
   White, not Hispanic 1 | Black, not Hispanic 2 | Hispanic 3 | Asian/Pacific Islander 4 | American-Indian Alaska Native 5 | Unknown 9

6. Haitian: (20) Yes 1 | No 2 | Unk 9

7. STATUS: Alive 1 | Dead 2 (21)
   Date of Death Yr Mo Dy (22-27)

8. SEX PREFERENCE: Homo 1 | Hetero 2 | Bi 3 | Unk 9 (28)

LEAVE BLANK
CITY | STATE/CCONT | COUNTRY (29-37)

9. RESIDENCE: City: _____ State/Country: _____

10. SPECIMENS:

		Collected? Yes (1)	No (2)	Not Required (3)	Date Collected Yr Mo Dy	Date Received (recorded by laboratory) Yr Mo Dy
Clotted Blood Serology	(38-50)					
Heparinized Blood (Immunology)	(51-63)					
ACD Blood (HLA Typing)	(64-76)					
Oropharyngeal Swab	(77-89)					
Rectal Swab	(90-102)					
Urine	(103-115)					
Semen	(116-128)					
Other (Specify) _____	(129-143)					

LEAVE BLANK

11. CDC PHYSICIAN/INVESTIGATOR: (144-173)

12. SEND TEST RESULTS TO:
    NAME: (174-210)
    ORGANIZATION (IF APPLICABLE) (211-247)
    (248-284)
    STREET (285-321)
    CITY, STATE, ZIP (322-358)