Attachment 3 (e)

Adult and Pediatric HIV/AIDS Confidential Case Reports
for National HIV/AIDS Surveillance OMB No. 0920-0573

Supplemental Surveillance Activity 2:
Variant, Atypical, and Resistant HIV Surveillance (VARHS) – Data Elements

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Adult and Pediatric HIV/AIDS Confidential Case Reports for National HIV/AIDS Surveillance

Variant, Atypical, and Resistant HIV Surveillance (VARHS) Data Elements

Name	Type	Length	Valid Value	Label	Required Variable Code*
PrimaryIDType	Text	50	Text	Primary ID Type	1†
PrimaryID	Text	14	Text	Primary ID	1†
AlternateIDType	Text	50	PEMS_ClientID PEMS_FormID PCN HARS_CityNo Code-base Stateno Other Local ID	AlternateID Type	4†
AlternateID	Text	50	Text	AlternateID	4†
INELIG	Text	1	0 = Eligible (default) 1 = Confirmatory tests non-reactive or negative 2 = Diagnosed before specified time period 3 = ARV drugs 4 = Other	Eligibility of Case	2†
ANONYM	Text	1	1=yes; 0=no	Anonymous Tester?	5†
SITENUM	Text	50	Text; list of valid site numbers will be provided by each project area	Site Number	1‡
SITEEXT	Text	50	Text; for areas that have extensions, otherwise blank	Site Extention	4
YEAR	Text	50	YY	Year of Blood Draw	1‡
SEQNUM	Text	50	Text	Sequence Number	1‡

Name	Type	Length	Valid Value	Label	Required Variable Code*
SPECIMENID	Text	50	Text	SpecimenTracking ID 14 character field, left zero filled positions 1-4 = area number positions 5-8 = site number positions 9-10 = last 2 digits of year of draw date positions 11-14 = consecutive numbers for each participant enrolled, zero filled on left The last four digits need to be in ascending order for a given year, but not necessarily consecutive.	1
ACCESNUM	Text	15	Text	Laboratory Accession Number	4
DRAWDTTM	Text	50	YYYYMMDDHHMM	Date and Time of Draw Date	1
TUBETYPE	Text	1	1 = Clot tube (Red top tube - for serum) 2 = SST tube (Red and gray tiger top tube - for serum) 3 = EDTA tube (Purple top tube - for plasma) 4 = ACD tube (Yellow top tube - for plasma) 5 = PPT tube (White top tube - for plasma) 6 = CPT tube (Blue and black tiger top tube - for cells or plasma) 7 = Finger stick - no tube 9 = Other 0 = No information provided	Type of Tube Used for Blood Collection	2
BLDCOMP	Text	1	1= Serum 2= Plasma 3= Whole anticoagulated blood 4= Dried Blood Spot 5= Cells 6= Dried Serum Spot 7= Dried Plasma Spot 8= Clotted blood	Type of Specimen Sent from Collection Site	2
BLDLAB	Text	1	0= No information provided 1= Serum 2= Plasma 3= Whole anticoagulated blood 4= Dried Blood Spot 5= Cells 6= Dried Serum Spot 7= Dried Plasma Spot 8= Clotted blood	Type of Specimen Sent for Resistance Testing	2

Name	Type	Length	Valid Value	Label	Required Variable Code*
COURDTTM	Text	50	YYYYMMDDHHMM	Date and Time of Courier Pick-up From Collection Site	3
DRECDTTM	Text	50	YYYYMMDDHHMM	Date and Time of Receipt in Diagnostic Lab	3
CENTDTTM	Text	50	YYYYMMDDHHMM	Date and Time of Centrifugation	3
SEPDTTM	Text	50	YYYYMMDDHHMM	Date and Time of Separation	3
VOLUME	Text	3	Text	Volume of Serum/Plasma After Separation	3
COND	Text	1	Enter highest relevent number 0= no hemolysis 1= low hemolysis 2= moderate hemolysis 3= high hemolysis 4= lipemic 5= contaminated	Condition of the Serum/Plasma	3
SpecimenFrozen	Text	50	1=yes; 0=no	Was the Specimen Frozen Before Aliquoting?	3§
FREZ1DTM	Text	50	YYYYMMDDHHMM	Date and Time of First Freeze of Specimen before Aliquoting	3
THAW1DTM	Text	50	YYYYMMDDHHMM	Date and Time of First Thaw of Specimen before Aliquoting	3
FREZ2DTM	Text	50	YYYYMMDDHHMM	Date and Time of Second Freeze of Specimen before Aliquoting	3
THAW2YN	Text	1	1=yes; 0=no	Were There Two or More Thaws of Specimen before Aliquoting?	3§
EIADTTM	Text	50	YYYYMMDDHHMM	Date and Time of First Reactive EIA	5
ALIQDTTM	Text	50	YYYYMMDDHHMM	Date and Time of Aliquoting	3
VOLGENO	Text	3	Text	Volume Aliquoted for Genotyping	2
GFRZ1DTM	Text	50	YYYYMMDDHHMM	Date and Time of First Freeze of Genotyping Aliquot	2
GTHW1DTM	Text	50	YYYYMMDDHHMM	Date and Time of First Thaw of Genotyping Aliquot	3
GFRZ2DTM	Text	50	YYYYMMDDHHMM	Date and Time of Second Freeze of Genotyping Aliquot	3
GTHAW2YN	Text	1	1=yes; 0=no	Were there 2 or More Thaws of Specimen Before Aliquoting? (Specimen for Genotyping)	3§
VOLBACK	Text	3	Text	Volume Aliquoted for Back-up Specimen	4
BFRZ1DTM	Text	50	YYYYMMDDHHMM	Date and Time of First Freeze of Back-up Specimen	4
BTHW1DTM	Text	50	YYYYMMDDHHMM	Date and Time of First Thaw of Back-up Specimen	4
BFRZ2DTM	Text	50	YYYYMMDDHHMM	Date and Time of Second Freeze of Back-up Specimen	4
BTHAW2YN	Text	1	1=yes; 0=no	Were there 2 or More Thaws Before Aliquoting? (Back-up Specimen)	4
CNPOSDAT	Text	50	YYYYMMDDHHMM	Date of Western Blot or Other Confirmatory Positive Test	5

Name	Type	Length	Valid Value	Label	Required Variable Code*
GSHPDATE	Text	50	YYYYMMDD	Date of Shipment to Geno Lab	3
GRESDATE	Text	50	YYYYMMDDHHMM	Date and Time Genotyping Results Received at DOH	4
NOTSENT	Text	1	0= Specimen was sent (default) 1= QNS 2= Viral Load Not detectable 3= Low Viral Load 4= Lost 5= Other	If Specimen was not sent for genotyping, what was the reason for this?	2
AMPLIFY	Text	50	0= Yes (default) 1= No 8= Not attempted or unavailable for attempt 9 = Unknown 11=private/commercial lab	Did the Specimen Amplify?	1
SPOTDTTM	Text	50	YYYYMMDDHHMM	Date and Time of Spotting	6
DRYTIME	Text	4	Text	Length of Drying Time (Hours)	6
DRYLOC	Text	50	1 = Standard Laboratory 2 = Mobile Laboratory 3 = Field 4 = Clinic 5 = Other	Drying Location:	6
SPECIFYLOC	Text	50	Text	Specify the drying location if DRYLOC = Other	6
DIAGDFS	Text	4	1 = HIV Diagnostic Lab 0 = Site other than HIV Diagnostic Lab	Where was dried fluid spot made?	6
RNALATER	Text	50	1 = Yes 2 = No 9 = Unknown	Was Specimen Collection Card Pretreated with RNALater?	6
LocationType	Long Integer	4	1 = DFS Collection Site 2 = Public Health Laboratory 3 = Other Laboratory 4 =Storage Facility 5 = Hospital 6 = Other 9 = Unknown	Type of Site Where Specimen Was Handled	6
StoreTemp	Long Integer	4	1 = Room Temperature 2 = 4ºC 3 = -20ºC 4 = -70ºC	Storage Temperature at Site	6
StoreDTM	Text	50	YYYYMMDDHHMM	Date and Time of Refrigeration or Freeze and Desiccant Addition at Site	6

Name	Type	Length	Valid Value	Label	Required Variable Code*
StoreDes	Long Integer	4	1=yes; 0=no	Was Desiccant Changed Before or After Transport from This Site to Next Site?	6
TransMeth	Long Integer	4	1 = US Mail 2 = FedEx/UPS/DHL 3 = Local Courier 4 = Lab/Health Department Staff 5 = Other	Method of Transport from This Site to Next Site	6
TransDTM	Text	50	YYYYMMDDHHMM	Date and Time of Removal from Refrigeration or Freeze at Site	6
TransCool	Long Integer	4	1=yes; 0=no	Was cooler or dry ice used for transport?	6
Nucleic Acid Sequence	Text	3000	Text	Nucleic Acid Sequence	1

* Required Variable Codes: 1=required for sequence reporting from any source (VARHS contract laboratory or private/commercial laboratory); 2=required if specimen was sequenced by the VARHS contract laboratory; 3=required if project area specimens are sequenced by the VARHS contract laboratory and the rate of amplification is less than 85%; 4=optional ; 5=no longer collected; 6=required for dried fluid spot specimens only.

† Variables were not included in the technical guidance because they are variables used to link VARHS data to HARS or are associated with surveillance processes.

‡ Variables were not included in the technical guidance because they are used to create the variable SpecimenID and so are implicitly required.

§ Variables were not included in the technical guidance but are associated with the variable GFRZ2+YN