

**WOMEN'S INTERAGENCY HIV STUDY  
MALT STUDY  
FORM MG04: MALT NOTI FORM**

**INSTRUCTIONS:** The purpose of this form is to track when a participant has completed the Biopsy Visit(s) for the MALT Study.

A1. WIHS or NON-WIHS PARTICIPANT ID: ENTER NUMBER HERE ONLY IF LABEL IS NOT AVAILABLE ---

A2. Lab ID #

A3. WIHS STUDY VISIT #:

A4. FORM VERSION: **8/24/10**

A5. INTERVIEWER'S INITIALS:

A6. COLONOSCOPY DATE: PENDING ..... 1 (A7)  
DONE..... 2

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M D Y

A7. ENDOMETRIAL BIOPSY DATE: PENDING ..... 1 (A8)  
NOT ELIGIBLE .... 2 (A8)  
DONE..... 3

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A8. INDICATE THE ELIGIBILITY GROUP TO WHICH THE PARTICIPANT HAS BEEN ASSIGNED:

- HIV negative group ..... 1
- HIV positive, Natural Controller group..... 2
- HIV positive, Good CD4 responder to HAART group ..... 3
- HIV positive, Poor CD4 responder to HAART group ..... 4
- HIV positive, Off-treatment progressor group ..... 5

A9. IF ANY EXCEPTIONS FOR ENROLLMENT HAVE BEEN MADE BY DR. GREENBLATT, PLEASE DESCRIBE BELOW:

**Site: Please fax to Jane Pannell at 415-353-9792.**