WOMEN'S INTERAGENCY HIV STUDY INTENSIVE PK STUDY FORM PKNOTI: PARTICIPATION NOTIFICATION

INSTRUCTIONS:

The purpose of this form is to track in the Data Management System when a participant enrolls into the Intensive PK Study. This form should be completed for each participant that is eligible and has consented to enroll in the Intensive PK Study.

A 1.	PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE	- _	_ -	_ _	_ -	_
A 2.	FORM VERSION:	<u>0</u> 4 M	/ <u>0</u> D	1 /	<u>0</u> <u>3</u>	
A 3.	FORM COMPLETED BY:		<u>-</u>			
A 4.	DOES PARTICIPANT CONSENT TO ENROLL	INTO THE	INTENSIV	/E PK S	TUDY?	
	YES					
A 5.	WIHS CORE VISIT NUMBER AT WHICH PARTICIPANT WAS ENROLLED INTO THE INTENSIVE PK STUDY:					
A 6.	DATE OF INTENSIVE PK STUDY ENROLLMENT VISIT:	M	_ /	/	Y	
4 7.	TARGET MEDICATIONS(S) TAKEN BY PART FOR ALL THAT APPLY).	ICIANT AT	Γ ENROLL	LMENT ((CIRCLE Y	ÆS
		<u>YES</u>	<u>NO</u>			
	a. SUSTIVA (EFAVIRENZ)	1	2			
	b. VIRAMUNE (NEVIRAPINE)	1	2			
	c. KALETRA (LOPINAVIR/RITONAVIR).	1	2			
	d. VIRACEPT (NELFINAVIR)	1	2			