## 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.

A1.	PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE	-	-	_	_  -	
A2.	FORM VERSION:	_0_4_ M	/ <u>0</u> D	1 / _	<u>0</u> <u>4</u> Y	
A3.	FORM COMPLETED BY:		_ <del>_</del>			
A4.	DOES PARTICIPANT CONSENT TO ENROLL I	NTO THE	INTENSIV	E PK ST	TUDY?	
	YES					
A5.	WIHS CORE VISIT NUMBER AT WHICH PARTICIPANT WAS ENROLLED INTO THE INTENSIVE PK STUDY:					
A6.	DATE OF INTENSIVE PK STUDY ENROLLMENT VISIT:	M	_ /	/	_ <sub>Y</sub>	
A7.	TARGET MEDICATIONS(S) TAKEN BY PARTI FOR ALL THAT APPLY).	CIANT A	Γ ENROLL	MENT (	CIRCLE YE	1
		<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			
	e. REYATAZ (ATAZANAVIR)	1	2			