## 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.

<b>A</b> 1.	PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE	-	_   -	-	_
A2.	FORM VERSION:	<u>0</u> 4 M	/ <u>0</u> <u>1</u>	/ <u>0</u> 9	
<b>A</b> 3.	FORM COMPLETED BY:		_ <del>_</del>		
<b>A</b> 4.	DOES PARTICIPANT CONSENT TO ENROLL 1	NTO THE	INTENSIVE	PK STUDY?	
	YES				
A5.	WIHS CORE VISIT NUMBER AT WHICH PARTENROLLED INTO THE INTENSIVE PK STUDY		WAS		
<b>A</b> 6.	DATE OF INTENSIVE PK STUDY ENROLLMENT VISIT:	M	_ /	/	
<b>A</b> 7.	TARGET MEDICATIONS(S) TAKEN BY PART <b>FOR ALL THAT APPLY</b> ).	ICIANT AT	Γ ENROLLM	IENT (CIRCLE Y	ΈS
		<u>YES</u>	<u>NO</u>		
	f. ISENTRESS (RALTEGRAVIR)	1	2		