WOMEN'S INTERAGENCY HIV STUDY PREGNANCY PROTOCOL PARTICIPATION NOTIFICATION

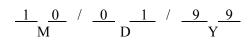
INSTRUCTIONS:

The purpose of this form is to track in the Data Management System when a participant is eligible for enrollment into the **Pregnancy Protocol**. This form should be completed for each participant that meets the eligibility criteria for enrollment into the Pregnancy Protocol.

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE



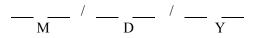
A2. FORM VERSION:



- A3. FORM COMPLETED BY:
- A4. WIHS CORE VISIT NUMBER AT WHICH THE PARTICIPANT WAS DETERMINED ELIGIBLE FOR THE PROTOCOL:
- A5. METHOD USED TO DETERMINE PREGNANCY PROTOCOL ELIGIBILITY:

Self-report pregnancy and/or urine test confirmation	
Self-report termination in last six months	
Self-report delivery in last six months	

A6. DATE PARTICIPANT ENROLLED IN PROTOCOL:



A7. DOES PARTICIPANT CONSENT TO ADDITIONAL THIRD TRIMESTER WIHS PREGNANCY VISIT?

A8. IS PARTICIPANT CO-ENROLLED IN THE WITS?

PROMPT: AFTER COMPLETION OF FORM, HAVE PARTICIPANT SIGN MEDICAL RECORD RELEASE FORM.

IF A5 = 1, COMPLETE PR01 IF A5 = 2 OR 3, COMPLETE PR02