## WOMEN'S INTERAGENCY HIV STUDY SEX STEROID STUDY

## FORM SSNOTI: PARTICIPATION NOTIFICATION / SPECIMEN COLLECTION

## PROMPT: THIS FORM SHOULD BE COMPLETED FOR EACH PARTICIPANT THAT IS ELIGIBLE AND HAS CONSENTED TO ENROLL IN THE SEX STEROID STUDY.

## **SECTION A. NOTIFICATION**

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|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| A1.                            | PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE  |  |  |  |  |  |  |  |  |  |  |
| A2.                            | FORM VERSION:  | <u>0 4 / 0 1 / 0 3</u><br>M Y                                    |  |  |  |  |  |  |  |  |  |
| A3.                            | FORM COMPLETED BY:   | <del></del>  |  |  |  |  |  |  |  |  |  |
| A4.                            | DOES PARTICIPANT CONSENT TO ENROLI YES   | L INTO THE SEX STEROID STUDY?                                    |  |  |  |  |  |  |  |  |  |
| A5.                            | WIHS CORE VISIT NUMBER AT WHICH PA<br>ENROLLED INTO THE SEX STEROID STUD   |  |  |  |  |  |  |  |  |  |  |
| A6.                            | DATE OF SEX STEROID STUDY ENROLLMENT VISIT:  | ${M}$ $^{\prime}$ ${D}$ $^{\prime}$ ${Y}$                        |  |  |  |  |  |  |  |  |  |
| A7.                            | DATE PARTICIPANT'S CURRENT<br>MENSTRUAL PERIOD BEGAN:  |  |  |  |  |  |  |  |  |  |  |
| PRO                            | MPT: IF DATE OF ENROLLMENT INTO TH<br>NOT ON DAY TWO, THREE OR FOUR<br>MENSTRUAL PERIOD, END FORM. P.<br>ENROLLMENT AT THIS TIME AND S<br>DO NOT DATA ENTER FORM SSNOTE<br>ENROLLMENT. | R OF THE PARTICIPANT'S CURRENT<br>ARTICIPANT IS NOT ELIGIBLE FOR |  |  |  |  |  |  |  |  |  |
| SECTION B. SPECIMEN COLLECTION |  |  |  |  |  |  |  |  |  |  |  |
| B1.                            | PHLEBOTOMIST'S INITIALS:   | <del></del>  |  |  |  |  |  |  |  |  |  |
| B2.                            | DATE BLOOD DRAWN:  |  |  |  |  |  |  |  |  |  |  |
| B3.                            | TIME OF BLOOD DRAW:  | _ :   AM 1<br>PM 2   |  |  |  |  |  |  |  |  |  |

|     | WIHS ID#          |                          |               |                           |           |          |                                    |           |                                      |
|-----|-------------------|--------------------------|---------------|---------------------------|-----------|----------|------------------------------------|-----------|--------------------------------------|
|     | TEST TYPE         | TUBE TYPE                | <u>VOLUME</u> | a.) SPECIMEN<br>COLLECTED |           | VO       | b.)REQUIRED<br>VOLUME<br>COLLECTED |           | c.) ESTIMATED<br>VOLUME<br>COLLECTED |
|     |                   |                          |               | <u>YES</u>                | <u>NO</u> | <u>\</u> | <u>YES</u>                         | <u>NO</u> |                                      |
| B3. | FSH and Estradiol | SST                      | 8 ml          | 1                         | 2 (i)     | 1        | (B4)                               | 2         | _  mls.                              |
|     |                   | IF NO, SPECIFY<br>REASON |               | i                         |           |          |                                    |           |                                      |
| B4. | Inhibin B         | SST                      | 8 ml          | 1                         | 2 (i)     | 1 (      | END)                               | 2         | _  mls.                              |
|     |                   | IF NO, SPECIFY<br>REASON |               | i                         |           |          |                                    |           |                                      |