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

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE
- A2. FORM VERSION:

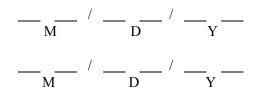
 $\underbrace{\begin{array}{cccc} 0 & 4 \\ M \end{array}}_{M} / \underbrace{\begin{array}{cccc} 0 & 1 \\ D \end{array}}_{D} / \underbrace{\begin{array}{cccc} 0 & 3 \\ Y \end{array}$

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- A3. FORM COMPLETED BY:
- A4. DOES PARTICIPANT CONSENT TO ENROLL INTO THE SEX STEROID STUDY?

YES.....1 NO......2 (END)

- A5. WIHS CORE VISIT NUMBER AT WHICH PARTICIPANT WAS ENROLLED INTO THE SEX STEROID STUDY:
- A6. DATE OF SEX STEROID STUDY ENROLLMENT VISIT:



A7. DATE PARTICIPANT'S CURRENT MENSTRUAL PERIOD BEGAN:

PROMPT: IF DATE OF ENROLLMENT INTO THE SEX STEROID STUDY (QUESTION A6) IS NOT ON DAY TWO, THREE OR FOUR OF THE PARTICIPANT'S CURRENT MENSTRUAL PERIOD, END FORM. PARTICIPANT IS NOT ELIGIBLE FOR ENROLLMENT AT THIS TIME AND SHOULD NOT HAVE BLOOD DRAWN.

DO NOT DATA ENTER FORM *SSNOTI* IF PARTICIPANT IS NOT ELIGIBLE FOR ENROLLMENT.

SECTION B. SPECIMEN COLLECTION

	WIHS ID#							
	<u>TEST TYPE</u>	<u>TUBE TYPE</u>	<u>VOLUME</u>	a.) SPECIMEN <u>COLLECTED</u>		b.)REQUI VOLUMI <u>COLLEC</u>	3	c.) ESTIMATED VOLUME <u>COLLECTED</u>
				<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	
B3.	FSH and Estradiol	SST	8 ml	1	2 (i)	1 (B4)	2	mls.
		IF NO, SPECIFY REASON		i				
B4.	Inhibin B	SST	8 ml	1	2 (i)	1 (END)	2	mls.
		IF NO, SPECIFY REASON		i				