

WOMEN'S INTERAGENCY HIV STUDY

ORAL PROTOCOL

PARTICIPATION NOTIFICATION

INSTRUCTIONS:

The purpose of this form is to track in the Data Management System when a participant enrolls into the oral protocol substudy. The Site Coordinator should complete this form after the Participant has signed the consent form to be part of this sub-study and appears for her oral visit. The form should be submitted to the Data Manager.

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

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A2. FORM VERSION:

0 3 / 0 1 / 9 5
M D Y

A3. WIHS CORE VISIT AT WHICH THE PARTICIPANT ENROLLED INTO THE ORAL PROTOCOL:

___ ___

A4. DATE OF ORAL PROTOCOL CONSENT:

___ ___ / ___ ___ / ___ ___
M D Y

A5. FORM COMPLETED BY:

___ ___ ___