

**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

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A2. FORM VERSION:

 1 0 / 0 1 / 9 9
 M D Y

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..... 1
- Self-report termination in last six months 2
- Self-report delivery in last six months..... 3

A6. DATE PARTICIPANT ENROLLED IN PROTOCOL:

___ ___ / ___ ___ / ___ ___
 M D Y

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

- YES 1
- NO 2
- NOT APPLICABLE-1

A8. IS PARTICIPANT CO-ENROLLED IN THE WITS?

- YES 1
- NO 2

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

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