WOMEN'S INTERAGENCY HIV STUDY

NIDA IMMUNOLOGY/VIROLOGY PROTOCOL

FORM NVNOTI: PARTICIPATION NOTIFICATION

INSTRUCTIONS:

The purpose of this form is to track in the Data Management System when a participant enrolls into the NIDA Immunology/Virology protocol substudy. This form should be completed for each participant that has been targeted as eligible for the NIDA Immunology/Virology protocol.

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

|___| - |___|___| - |___|___|___|___| - |___|

A2. FORM VERSION: 1 1 / 1 5 / 9 7
M D Y

A3. FORM COMPLETED BY: __ __ __

A4. WIHS CORE VISIT NUMBER AT WHICH THE PARTICIPANT WAS APPROACHED FOR ENROLLMENT INTO THE NIDA I/V PROTOCOL:

__ __

A5. DOES PARTICIPANT CONSENT TO ENROLL IN NIDA I/V PROTOCOL?

YES.....1
NO.....2 **(END AND DO NOT COMPLETE OTHER NIDA FORMS)**

A6. IS PARTICIPANT PART OF INTENSIVE SUBSTUDY?

YES.....1
NO.....2

A7. DATE OF INTERVIEW:

__ __ / __ __/ __ __
M D Y

If A5 = 1, then complete appropriate NIDA FORMS as per protocol