

WIHS ID #

SECTION C. HAIR SPECIMEN

<u>SPECIMEN TYPE</u>	<u>LOCATION</u>	<u>YES</u>	<u>NO</u>	<u>IF NO, SPECIFY REASON</u>	<u>N/A</u>
C1. Hair	Central Lab	1* (a)	2	_____ (D1)	3** (D1)

**** Circle "N/A" only if participant is HIV-negative or HIV-positive and not reporting antiretroviral medication use in the past six months.**

PROMPT: IF PARTICIPANT IS ON A REGIMEN THAT CONTAINS TENOFOVIR (DRUG CODES 262, 253, 280, 287, 234), ASK IF PARTICIPANT IS WILLING TO HAVE 100 STRANDS OF HAIR COLLECTED. IF PARTICIPANT IS ON A REGIMEN THAT DOES NOT INCLUDE TENOFOVIR OR PREFERS NOT TO DONATE 100 STRANDS, COLLECT 20-30 STRANDS OF HAIR AS PER USUAL PROTOCOL.

NOTE: Tenofovir-containing regimens include the following drug codes: 234 (Viread), 253 (Truvada), 262 (Atripla), 280 (Complera), and 287 (Stribild).

- a. Is participant on a tenofovir-containing regimen?
 YES 1
 NO 2 (collect 20-30 strands and go to C1c)

- b. Is participant willing to have 100 strands of hair taken?
 YES 1 (collect 100 strands and go to C1c)
 NO 2 (collect 20-30 strands and go to C1c)

- c. From where was the sample taken?
 Occipital region of scalp (preferred).....1
 Nape / base of neck.....3
 Other region of scalp2

SPECIFY: _____

d. Date hair specimen collected: |_|_|/|_|_|/|_|_|
 M D Y

