



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 30-40 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 30-40 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 30-40 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 scalp .....2

SPECIFY: \_\_\_\_\_

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

