

**WOMEN'S INTERAGENCY HIV STUDY
FIBROSCAN STUDIES
FORM FSNOTI: PARTICIPATION NOTIFICATION**

INSTRUCTIONS: THE PURPOSE OF THIS FORM IS TO TRACK IN THE DATA MANAGEMENT SYSTEM (APOLLO) EACH TIME A PARTICIPANT HAS A FIBROSCAN PERFORMED.

A1. PARTICIPANT ID |_|_|-|_|_|_|_|-|_|_|_|_|_|_|_|_|-|_|_|

A2. FORM VERSION: **1 0 / 0 1 / 1 5**

A3. FORM COMPLETED BY: |_|_|_|_|_|

INTERVIEWER READ: I would like to tell you about a new procedure called the Fibroscan. It involves an ultrasound of your liver, which should not take more than 20 minutes. It is necessary to fast (no eating or drinking anything other than water) for at least 3 hours before the procedure.

A4. Are you currently pregnant?
 YES1 **(SKIP TO A6. NOT ELIGIBLE.)**
 NO.....2

A5. DOES PARTICIPANT CONSENT TO HAVE A FIBROSCAN PERFORMED?
 YES1
 NO.....2

A6. ELIGIBILITY:
 ELIGIBLE, SCAN TO BE COMPLETED.....1
 ELIGIBLE, DECLINED TO PARTICIPATE2 **(END)**
 NOT ELIGIBLE3 **(END)**

A7. WIHS CORE VISIT NUMBER AT WHICH FIBROSCAN IS COMPLETED: |_|_|_|

A8. DATE OF FIBROSCAN: |_|_|_| / |_|_|_| / |_|_|_|
 M D Y

A9. TYPE OF FIBROSCAN VISIT:
 LIVRA* Study BASELINE VISIT1
 HCV RX COMPLETION Study2
 OTHER VISIT3

*LIVRA: Liver Disease and Reproductive Aging