WOMENS INTERAGENCY HIV STUDY
INTENSIVE PK STUDY
FORM PK05A: WEIGHT/SPECIMEN COLLECTION FORM
FOR GROUP A PARTICIPANTS

SECTION A: GENERAL INFORMATION

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

A2. LAST WIHS CORE VISIT #: ___ ___

A3. VERSION DATE: 04/01/03

A4. DATE OF COLLECTION: ___ ___ / ___ ___ / ___ ___
M D Y

A5. COLLECTOR'S INITIALS: ___ ___ ___

A6. NAME OF TARGET MEDICATION **(CIRCLE YES OR NO FOR EACH)**:

	YES	NO
a. NEVIRAPINE *(VIRAMUNE)*	1	2
b. NELFINAVIR *(VIRACEPT)*	1	2
c. LOPINAVIR/RITONAVIR (*KALETRA)*	1	2

SECTION B: WEIGHT

B1. WEIGHT OF PARTICIPANT IN POUNDS (LBS): (ROUND TO NEAREST 1.0 POUND) |__|__|__|
WEIGHT (LBS)

SECTION C: URINE PREGNANCY TEST

C1. URINE PREGNANCY TEST
PREGNANT 1
NOT PREGNANT 2
NOT DONE 3

SPECIFY REASON: _____

SECTION D: TIMES OF BLOOD COLLECTIONS FOR PK SAMPLING

D1. TIME PARTICIPANT TOOK TARGET MEDICATION THE EVENING BEFORE PK SAMPLING: |___|___| : |___|___| AM..... 1 PM 2

a. TIME POINT OF **D1** CONFIRMED BY:

TELEPHONE INTERVIEW 1
WITNESSED DOSE IN CLINICAL CENTER 2

WIHS ID #

IN THE MORNING, COLLECT FIRST PK SAMPLE ('0' TIMEPOINT) AND RECORD THE TIME OF SAMPLING IN D2. INSTRUCT PARTICIPANT TO TAKE HER TARGET ANTIRETROVIRAL MEDICATION AND ANY OTHER MEDICATION THAT SHE USUALLY TAKES AT THE SAME TIME. PARTICIPANT SHOULD BE INSTRUCTED TO TAKE HER ANTIRETROVIRAL MEDICATIONS WITH FOOD IF THAT IS HER USUAL ROUTINE AT HOME. RECORD THE TIME OF HAART DOSING IN D3 AND RECORD WHETHER THE PARTICIPANT TOOK HER MEDICATIONS WITH OR WITHOUT FOOD IN D4. SET ELECTRONIC TIMER.

D2. TIME OF BLOOD DRAW FOR FIRST PK SAMPLE ('0' TIMEPOINT): |__|__| : |__|__| AM.....1 PM 2

D3. TIME PARTICIPANT TOOK TARGET MEDICATION: |__|__| : |__|__| AM.....1 PM 2

D4. DID PARTICIPANT TAKE HER TARGET MEDICATION(S) WITH OR WITHOUT FOOD?

WITH FOOD 1
WITHOUT FOOD 2

	SAMPLE NUMBER	PK TIMEPOINT	TIME OF BLOOD DRAW
D5.	2	30 minutes (1/2 hr)	|__|__| : |__|__| AM.....1 PM.....2
D6.	3	60 minutes (1 hr)	|__|__| : |__|__| AM.....1 PM.....2
D7.	4	120 minutes (2 hr)	|__|__| : |__|__| AM.....1 PM.....2
D8.	5	150 minutes (2.5 hr)	|__|__| : |__|__| AM.....1 PM.....2
D9.	6	180 minutes (3 hr)	|__|__| : |__|__| AM.....1 PM.....2
D10.	7	240 minutes (4 hr)	|__|__| : |__|__| AM.....1 PM.....2
D11.	8	300 minutes (5 hr)	|__|__| : |__|__| AM.....1 PM.....2
D12.	9	360 minutes (6 hr)	|__|__| : |__|__| AM.....1 PM.....2
D13.	10	480 minutes (8 hr)	|__|__| : |__|__| AM.....1 PM.....2
D14.	11	720 minutes (12 hr)	|__|__| : |__|__| AM.....1 PM.....2

PROMPT: URINE PREGNANCY TESTS SHOULD BE PERFORMED IN THE LOCAL LAB. PK SAMPLES WILL BE PROCESSED, BATCHED AND THEN SHIPPED WITHIN ONE MONTH TO DR. LESLIE BENET'S LAB.