WIHS VIROLOGIC REBOUND AND RESISTANCE STUDY
ENROLLMENT FORM
VRS NOTI

INSTRUCTIONS:
THE PURPOSE OF THIS FORM IS TO TRACK IN THE DATA MANAGEMENT SYSTEM WHEN A PARTICIPANT IS ENROLLED INTO THE VRS. THIS FORM SHOULD BE COMPLETED AT V13.1 FOR EACH PARTICIPANT WHO PASSES THE SCREENINGS FOR ENROLLMENT INTO THE VRS AND COMPLETES VISIT 13.1.

A1. PARTICIPANT ID: |__|- |__|__| - |__|__|__|__| - |__|

A2. FORM VERSION: 1 0 / 0 1 / 0 0
M M D D Y Y

A3. FORM COMPLETED BY: ___ ___ ___

B1. DID PARTICIPANT CONSENT TO ENROLL IN THE VRS SUBSTUDY:

YES……..1

NO……2 **(GO TO B3)**

B2. DATE OF ENROLLMENT: ____ ____ / ____ ____ / ____ ____
M M D D Y Y

B3. FAX COMPLETED FORM TO SF (415) 476-8528 ATTN. CLAUDIA PONATH