



HPTN 052 (096)

IEN-1 (091)

Index ID

- - - -

Site Number Index Number Partner Chk

Index Enrollment

Enrollment Date

/ /

dd *MMM* *yy*

Instructions: Complete this form for Enrollment only.

Item 2 is for female participants only. Male participants go to item 3.

1. Did the participant take ART for prevention of peripartum transmission of her most recent pregnancy prior to enrolling in this study?

NO LONGER APPLICABLE FOR THIS PROTOCOL

1a. Record the medication code for each ART medication taken for prevention of peripartum transmission.

1b. Date of last ART medication received:

NO LONGER APPLICABLE FOR THIS PROTOCOL

2. Is the participant currently breast feeding? *yes* *no*
3. Did the participant provide informed consent for specimen storage? *yes* *no*
- 3a. Does the participant agree to genetic testing on long-term storage specimens? *yes* *no*
- If no, go to item 4.**
4. To which cohort is the participant assigned? *immediate ART therapy (arm 1)* *delayed ART therapy (arm 2)*
- 4a. What time did randomization occur? *hr* : *min* 24-hr clock
5. Did the participant receive HIV counseling? *yes* *no*
6. Did the participant receive ART adherence counseling? *yes* *no* *N/A (Index not on ART)*

25-MAR-08

Language

Staff Initials / Date

Index Enrollment (IEN-1)

- **Enrollment Date:** If the Enrollment visit is done over more than one day, the Enrollment Date is the date the participant was randomized.

Item-specific Instructions:

- **Item 4a:** Enter the **local time** the randomization occurred in the space provided, using the 24-hour clock in Section 11 of the SSP (e.g., 15:35 for 3:35 p.m.).
- **Item 6:** Mark “N/A” if the index was assigned to delayed therapy (arm 2).