



Note: Number pages sequentially (01, 02, 03) for each participant.

HPTN 052 (096)

IPRE-1 (012)

Index ID

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Site Number Index Number Partner Chk

Index Pre-existing Conditions

Form Completion Date

dd MMM yy

No pre-existing conditions reported or observed. —▶ End of form. Fax to SCHARP DataFax.

1.	Description	Date of Diagnosis/ Surgery	MMM	yy	Comments	Is condition ongoing?	yes	no
		<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
2.	Description	Date of Diagnosis/ Surgery	MMM	yy	Comments	Is condition ongoing?	yes	no
		<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
3.	Description	Date of Diagnosis/ Surgery	MMM	yy	Comments	Is condition ongoing?	yes	no
		<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
4.	Description	Date of Diagnosis/ Surgery	MMM	yy	Comments	Is condition ongoing?	yes	no
		<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
5.	Description	Date of Diagnosis/ Surgery	MMM	yy	Comments	Is condition ongoing?	yes	no
		<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>
6.	Description	Date of Diagnosis/ Surgery	MMM	yy	Comments	Is condition ongoing?	yes	no
		<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>

07-MAR-07

Language

Staff Initials / Date

Index Pre-existing Conditions (IPRE-1)

This form is used to document the participant's pre-existing medical conditions. Only medical conditions experienced up to Enrollment should be recorded unless otherwise specified in the protocol or Study Specific Procedures (SSPs). Include current medical conditions and any ongoing conditions such as mental illness, alcoholism, drug abuse, and chronic conditions (controlled or not controlled by medication).

Page: Number pages sequentially throughout the study, starting with 01. Do not repeat page numbers. Do not renumber any Pre-existing Conditions pages after faxing, unless instructed by SCHARP.

Description: Whenever possible, provide a diagnosis instead of listing a cluster of symptoms. If no diagnosis is identified, each symptom must be recorded as a separate entry on the Pre-existing Conditions form. If an abnormal lab value is reported, record the lab assay with the direction (i.e., increased or decreased) of the abnormality. For example, "decreased hematocrit" or "increased ALT."

Date of Diagnosis/Surgery: If the participant is unable to recall the date, obtain participant's best estimate. At a minimum, the year is required. If the date is within the same year as study enrollment, the month and year are both required. If the condition is diagnosed due to an abnormal lab result, record the date on which the specimen was collected. If a diagnosis is not available, record the date of onset of condition.

Comments: This field is optional. Use it to record any additional relevant information about the condition.

Is condition ongoing? Mark "yes" for any current or chronic conditions.

Pre-existing Conditions Revisions and Updates: If a participant recalls a pre-existing condition at a later date, update the form at that time. Refax updated page(s) to SCHARP DataFax.