



HPTN 052 (096)

IP-1 (440)

Visit Code [ ][ ] . [ ]

Visit Code

Index ID

Site Number [ ][ ] - Index Number [ ][ ] - Partner 00 - Chk [ ]

Index Pregnancy Report

- 1. Date of last menstrual period: ..... *dd* [ ][ ] *MMM* [ ][ ][ ] *yy* [ ][ ]
- 2. Estimated date of delivery: ..... *dd* [ ][ ] *MMM* [ ][ ][ ] *yy* [ ][ ]

Comments: \_\_\_\_\_

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## Index Pregnancy Report (IP-1)

This form is used to report the pregnancy of a study participant post enrollment through termination.

### Item-specific Instructions:

- **Visit Code:** Record the visit code of the visit at which the participant was determined to be pregnant.
- **Item 1:** Record the first day or best estimate of the participant's last menstrual period. Complete date required.
- **Item 2:** Complete date required.