



HPTN 052 (096)

PEN-1 (310)

Visit Code 0

1

Partner ID

- - -
 Site Number Index Number Partner Chk

Partner Enrollment

Enrollment Date

dd MMM yy

Instructions: Complete this form for Enrollment only.

- 1. Did the participant provide informed consent for specimen storage? yes no
- 2. Did the participant receive ART adherence counseling for this visit? yes no N/A (Index not on ART)
- 3. Did the participant receive HIV counseling for this visit? yes no
- 4. Was the participant previously enrolled in the study under a different ID number? yes no **→ If no, go to item 5.**

4a. If yes, previous Partner ID: - - -

- 5. Did the participant agree to genetic testing on long term storage specimens? yes no
- 6. Prior to enrolling in this study, did the participant take ART as post-exposure prophylaxis? **→ If no, end of form.**

6a. For the most recent exposure, record the medication code for each ART medication taken as post-exposure prophylaxis.

6a1. 6a2. 6a3. 6a4. 6a5.

6b. Date of last dose of ART medication received:
 dd MMM yy

Partner Enrollment (PEN-1)

The index may enroll different partners over the course of the study if the relationship and the partner meet protocol eligibility criteria. The index may end the relationship with the primary partner, begin a relationship with a new primary partner, or re-establish a relationship with a previous primary partner. However, only one partner can be enrolled at any one time.

All partner enrollment forms must be completed each time a new partner enrolls in the study.

Item-specific Instructions:

- **Visit code:** The partner's visit code must match the visit code of the index's current visit.
- **Item 2:** Mark "N/A" if the index is not currently receiving study medications.
- **Item 4a:** For a partner previously enrolled in the study, record the last ID under which s/he was enrolled. Do not use this old ID on any current or future CRFs for this participant.
- **Item 6b:** Record the date of the last time ART medication was taken for prevention of peripartum transmission. When possible record the complete date (day, month, year) of the last dose of ART medication received. If the participant does not know the complete date, record the month and year.
- **Items 6a1–6a5:** Record the codes for all study medications in the participant's current regimen and the codes for any new study medications being dispensed for the first time at this visit. Refer to Atlas for current Medication Code List. *Note: During the study, this medication code list may be updated as new ARTs become available. Existing codes will not change, but new codes may be added. Please refer to the SSP appendices for medication code additions. If a drug used at your site is not listed, contact the SCHARP Project Manager for a new code.*