



Visit Code

1

MTN 015 (143)

PO-1 (441)

Participant ID

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Site Number Participant Number Chk

Pregnancy Outcome

Outcome unknown at end of study. _____
Staff Initials/Date
End of form. Fax to SCHARP DataFax.

1. How many pregnancy outcomes resulted from the reported pregnancy?

2. OUTCOME #1

dd MMM yy

2a. Outcome Date

2b. Specify Outcome: Mark only one.

- full term live birth (≥ 37 weeks)
- premature live birth (< 37 weeks)
- spontaneous fetal death and/or still birth (≥ 20 weeks)
- spontaneous abortion (< 20 weeks)
- ectopic pregnancy
- therapeutic/elective abortion

2b1. Method: C-section vaginal

2c. Were any fetal/infant congenital anomalies identified? yes no not assessed

If only one outcome, end of form.

3. OUTCOME #2

dd MMM yy

3a. Outcome Date

3b. Specify Outcome: Mark only one.

- full term live birth (≥ 37 weeks)
- premature live birth (< 37 weeks)
- spontaneous fetal death and/or still birth (≥ 20 weeks)
- spontaneous abortion (< 20 weeks)
- ectopic pregnancy
- therapeutic/elective abortion

3b1. Method: C-section vaginal

3c. Were any fetal/infant congenital anomalies identified? yes no not assessed

Comments: _____

29-FEB-08

01
Language

Staff Initials / Date

Pregnancy Outcome (PO-1)

Purpose: This form is used to report the pregnancy outcome(s) of a pregnancy reported post-enrollment. Complete this form when information about a pregnancy outcome becomes available to study staff. A Pregnancy Outcome form is required for each Pregnancy Report and History form that is completed for a participant.

General Information/Instructions: If an outcome is unknown at study end, mark the “Outcome unknown at end of study” box at the top of the page and fax to DataFax. When the outcome is known, draw a line through this box, record the outcome, and refax. A pregnancy outcome can be an infant or a fetus. The conception of twins should result in reporting of two outcomes. If a pregnancy results in more than two outcomes, contact SCHARP for guidance on how to complete this form.

Item-specific Instructions:

- **Visit Code:** Record the visit code of the participant’s corresponding Pregnancy Report and History form.