**CD4 and Viral Load**

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VISIT MONTH:

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SEROCONVERTER:

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| Screening ID:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Screening Number* | Participant ID:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Couple I/P Chk* | Visit Date:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* |

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| 1 | Specimen collection date: | |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  |  |   dd mm yy | | | | **Not done** |  | | | ***End of form.*** | | | |
| 2 | CD4 count: | |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   **/**µ**l** | | | |  | | | | | | | |
| 3 | CD4 percent: | |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  |  |   **%** | | | | **Not done** | | | | |  | | |
| 4 | Does the CD4 count in item 2 change the participant's ART eligibility? | | | | Yes | No | | *If no, go to item 5.* | | | | | |
| 4a | Was an attempt made to contact the participant? | | | | Yes | No | | *If no, go to item 5.* | | | | | |
| 4a1 | Date of first attempt: | | |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  |  |   dd mm yy | | | | | | | | | | |
| 4b | Was an interim visit scheduled? | | | | Yes | No | | | If no, *go to item 4b2.* | | | | |
| 4b1 | Date of  scheduled visit: | | |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  |  |  |  |  | | --- | --- | |  |  |   dd mm yy | | | | | | | | | | |
| 4b2 | What was the reason for not scheduling an interim visit? | | *participant declined* |  | *participant cannot be reached* | | | | | | | |  |
|  | Others: | |  | | | | | | | | | | |
| 5 | Viral load: | | |  | | --- | |  |  |  | | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |       **< >** *copies/ml* | | | | | | | | | None was done | |

**Completed by:** *(initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Forms Instruction**

The **CD4 and Viral Load** CRF is completed at Months 3, 6, 12, 18, and 24 for the index, or at the < 1 month visit for seroconverters. Fax this CRF when all items are completed. You may need to wait for laboratory samples to be analyzed.

**Item-specific Instructions:**

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| **Screening ID** | Screening IDs will be assigned from the site list and are unique to the individual. They are numeric and should be assigned sequentially. The Index Screening ID is assigned to the HIV positive participant, and the Partner Screening ID is assigned to the HIV-negative participant. |
| **Participant ID** | Participant IDs are assigned from a list provided by the PROJECT. They are assigned once eligibility has been determined and the subject has been enrolled. The Participant ID should be left blank until the eligibility status of the participant is known. If eligible, the Participant ID should be entered and initialed and dated (if being added on a different date). If the participant is not eligible, then the Participant ID should be left blank. |
| **CRF not**  **administered** | If this form is not administered at a required visit, then it must still be faxed with the “CRF not administered” box marked. It is not necessary to line through the entire form and write “not administered.” |
| **Item 4** | ART eligibility is based on current national guidelines.. |
| **Items 2 and 5** | Use the “>” or “<” box as needed to record the exact result returned from the lab. For example, if the CD4 count is “< 50,” mark the box for “<” and then write “0050” in the boxes for item 2. |