


Establish PTID

01	PTID:	_____
02	Screening Site:	<input type="checkbox"/> Pitt/MWRIF <input type="checkbox"/> Aurum Klerksdorp <input type="checkbox"/> Wits RHI <input type="checkbox"/> KEMRI Thika <input type="checkbox"/> HHRC/Zengeza
03	Date Consent was signed:  <i>The 45 day window to Enrollment begins with this date.</i>	__ / __ / ____ (dd/mm/yyyy)
04	Is this the first or second screening attempt for the participant?	<input type="checkbox"/> First <input type="checkbox"/> Second (<i>answer 04a</i>)

 04a. Complete only if this is the second screening attempt for the participant:

Enter the PTID assigned to the participant at first screening attempt: _____

CRF Completed By: _____ (initials)

CRF Completion Date: __ / __ / ____ (dd/mm/yyyy)