

HIV, STI and Urine Test Results

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| 01 | Collection date: | __ / __ / ____ (dd/mm/yyyy) |
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Required HIV Testing

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| 02 | Type of HIV Rapid test: ⓘ <i>Required at every clinic visit.</i> | <input type="checkbox"/> Saliva <input type="checkbox"/> Blood ⓘ <i>Mark results for HIV rapid test result 1 AND HIV rapid test result 2.</i> <input type="checkbox"/> Not done |
| 03 | HIV Rapid test result (1): ⓘ <i>A Positive HIV Rapid test requires Confirmatory Testing (document results on HIV Confirmatory CRF).</i> | <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid result <input type="checkbox"/> Not done |

ⓘ *02b. Complete only if type of HIV Rapid test was blood:*

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| HIV Rapid test result (2): ⓘ <i>A Positive HIV Rapid test requires Confirmatory Testing (document results on HIV Confirmatory CRF).</i> | <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid result <input type="checkbox"/> Not Done |
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| 05 | Syphilis serology final result: ⓘ <i>Only required at Screening.</i> | <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not done |
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Urine - Required at every scheduled in-person visit; optional for interim visits.

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| 06 | Urine pregnancy test result: ⓘ <i>Required at every clinic visit.</i> | <input type="checkbox"/> Negative <input type="checkbox"/> Positive |
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Urine optional tests.

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| 07 | Was a urine dipstick test done? ⓘ <i>Not Required; only if indicated and/or per local standard of care</i> | <input type="checkbox"/> Yes (answer 07a) <input type="checkbox"/> No |
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ⓘ *07a. Complete only if urine dipstick test was done:*

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| Nitrates: | <input type="checkbox"/> Negative <input type="checkbox"/> Positive |
| Leukocyte esterase: | <input type="checkbox"/> Negative <input type="checkbox"/> Positive |

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| 08 | Was a Urine Culture done? ⓘ <i>Not Required; only if indicated and/or per local standard of care</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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STI testing - Required at all scheduled in-person visits.

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| 09 | Was a vaginal sample collected for Trichomonas testing? | <input type="checkbox"/> Yes (answer 09a) <input type="checkbox"/> No |
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ⓘ *09a. Complete only if Trichomonas testing was done:*

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| Trichomonas test result: | <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid result <input type="checkbox"/> Not Done |
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HIV, STI and Urine Test Results (continued)

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| 10 | Was a vaginal sample collected for NAAT for GC/CT? | <input type="checkbox"/> Yes (answer 10a) <input type="checkbox"/> No |
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10a. Complete only if NAAT testing for GC/CT was done:

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| N. gonorrhea: | <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid result <input type="checkbox"/> Not Done |
| C. trachomatis: | <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid result <input type="checkbox"/> Not Done |

! The following Pap Test question is only asked at the Screening Visit. Please skip this question for all other visits. The question does not appear in REDCap after the Screening visit.

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| 11 | Was a Pap Test done? <i>Only asked at Screening, and Only indicated if participant is unable to provide documentation of a normal Pap test within 3 years prior to enrollment.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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CRF Completed By: _____ (initials)

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