

HIV, STI and Urine Test Results [V1, V2, V6, V9]

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| 01 | Collection date: | ____ / ____ / _____ (dd/mm/yyyy) |
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HIV Testing – Required at V1 Screening, V2 Enrollment, V6 and V9; or if indicated per local standard of care

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| 02 | Type of HIV Rapid test: | <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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| 04 | 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 V1 Screening, V2 Enrollment, V6 and V9; or if indicated per local standard of care.

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| 05 | Urine pregnancy test result: | <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Not done |
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Urine optional tests.

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| 06 | Was a urine dipstick test done? ⓘ <i>Not Required; only if indicated and/or per local standard of care</i> | <input type="checkbox"/> Yes (<i>answer 06a</i>) <input type="checkbox"/> No |
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ⓘ *06a. 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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| 07 | 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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HIV, STI and Urine Test Results (continued)

! STI testing - Required at Screening. If indicated and/or per local standard of care for all other visits.

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| 08 | Was a vaginal sample collected for Trichomonas testing? | <input type="checkbox"/> Yes (answer 08a) <input type="checkbox"/> No |
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! 08a. 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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| 09 | Was a vaginal sample collected for NAAT for GC/CT? | <input type="checkbox"/> Yes (answer 9a) <input type="checkbox"/> No |
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! 9a. Complete only if NAAT testing for GC/CT was done:

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| N. gonorrhoea: | <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 |

! Only asked at V1 Screening

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| 10 | Was a Pap Test done? ! 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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CRF Completed By: _____ (initials)

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