

HIV Exposure

1) Collection date for HIV exposure information:

(DD-MM-YYYY)

BLOOD TRANSFUSION

2) Has the participant ever had a blood transfusion?

☐ Yes

☐ No

☐ Refused

3) (If Yes) At what age?

(Age in years.)

PEP/PREP TREATMENT

4) Has the participant ever been exposed to the blood of a known HIV+ individual?

☐ Yes

☐ No

☐ Refused

5) Has the participant ever been on Pre-exposure prophylaxis (PrEP) treatment?

☐ Yes

☐ No

☐ Refused

6) Has the participant ever been on Post-exposure prophylaxis (PEP) treatment?

☐ Yes

☐ No

☐ Refused

HIV Exposure - Instrument Version 2.0 Released September 2022
H3ABioNet & H3Africa Phenotype Standards