

## Indo-US VAP Biomarkers for Risk of Tuberculosis and for Tuberculosis Treatment Failure and Relapse

## **HIV Treatment and CD4 Enumeration**

Participant ID Number:	SUBJID	Check appropriate participant box: HIV_VISIT
1 0 2 - 0	TTT - T	Index case (baseline)
	ICTC	☐ Index case (treatment failure/relapse)
ICTC CODE:	1010	☐ Household contact (incident TB case)
HIV TESTING		Household contact (co-prevalent TB case)
1. Was an HIV test done? Yes, record HIV test date and result below		
HIV_HIVND	1a. HIV Test Date: /	/ HIV_HIVDAT
	Day Mont  1b. HIV Test Result: Positive (+)	h Year  Negative (-) Indeterminate  V_HIV
No, previous positive		
No, specify reason HIV_HIVNDOTH		
If negative, skip to bottom	of form, sign and enter date.	
HIV TREATMENT REGIMEN		
2. Is the participant currently on an ART regimen? Yes No HIV_ARTTX		
2a. When did the participant initiate ART? Day Month Year HIV_ARTDAT		
CD4 ENUMERATION		
3. CD4 Testing	Was a CD4 test done? Yes	] No
HIV_CD4DONE	<b>↓</b>	
	If Yes, record CD4 test date and resu	ults below.
3a. CD4 Test Date	Day Month Year	HIV_ARTDAT
3b. CD4 Test Results	Part I: Absolute Counts	Part II: CD4%
	HIV_CD4 CD4 cells/mm3:	CD4 %: % HIV_CD4LY
	☐ Not Done/Unknown <sup>1</sup> HIV_CD4N	
Signature of Data Collec	HIV_SIGN	Initials:
Date Completed:		HIV_INIT