

Demographics

Save

Save & Exit

Next






Protocol Code: MMP_MRA_2012_01

Participant ID: MMP_017

Demographics

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Demographics

Abstractor ID	<input type="text"/>	
Facility ID	<input type="text"/>	
Start of observation period	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
End of observation period	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Did the patient die during the 2 year observation period?	<input type="text"/> 	
Date of birth (Month)	<input type="text"/> 	
Date of birth (Year)	<input type="text"/>	
Gender	<input type="text"/> 	



Race, check all that apply

Not documented	<input type="checkbox"/>	
American Indian/Alaskan Native	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	
Black/African American	<input type="checkbox"/>	
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	
White	<input type="checkbox"/>	

Ethnicity

Hispanic/Latino Ethnicity or Spanish Origin	<input type="text"/> 	
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Insurance Category, check all that apply:		
Not documented	<input type="checkbox"/>	
AIDS Drug Assistance Program (ADAP)	<input type="checkbox"/>	
Medicare	<input type="checkbox"/>	
Medicaid	<input type="checkbox"/>	
Ryan White	<input type="checkbox"/>	
Tricare or Champus	<input type="checkbox"/>	
Veterans administration coverage	<input type="checkbox"/>	
Private Insurance	<input type="checkbox"/>	
None/Self-pay	<input type="checkbox"/>	
City, County, State or other publicly funded	<input type="checkbox"/>	
Other insurance	<input type="checkbox"/>	
Other insurance description	<input type="text"/>	

HIV Information		
Is the date of first HIV diagnosis documented in the medical record?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Clear
Date of first HIV diagnosis	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Lowest CD4 count since HIV diagnosis	<input type="text"/>	
Date of lowest CD4 count not documented	<input type="checkbox"/>	
Date of lowest CD4 count	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
What is the source of the lowest CD4 count?	<input type="text"/>	

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Mortality

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Date of Death

Date of death not documented	<input type="checkbox"/>
Date of death	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 

Cause of Death

<input type="checkbox"/>	Cause of death	Specify other cause of death	Source of cause of death information	Specify other source	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
<input type="checkbox"/>					0/0/0		

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Edit Row

Update Cause of Death

Cause of death	<input type="text"/>
Specify other cause of death	<input type="text"/>
Source of cause of death information	<input type="text"/>
Specify other source	<input type="text"/>

Update

Cancel

Outpatient Encounters


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Outpatient Encounters

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Outpatient Encounter Details

Encounter date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Where did the encounter take place?	<input type="text"/>	
With whom did the encounter take place?	<input type="text"/>	
Did the encounter take place with a known HIV provider?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Clear
Were any vital signs documented during the encounter?	<input type="radio"/> Yes <input type="radio"/> No	Clear
One or more physical exam findings documented during encounter	<input type="radio"/> Yes <input type="radio"/> No	Clear
Antiretroviral therapy prescribed or refilled during encounter	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Clear
Did the encounter take place with a non-HIV provider?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Clear
Weight not documented	<input type="checkbox"/>	
Weight	<input type="text"/>	
Weight units	<input type="text"/>	
Height not documented	<input type="checkbox"/>	
Height (feet)	<input type="text"/>	
Height (inches)	<input type="text"/>	
Blood pressure not documented	<input type="checkbox"/>	
Systolic blood pressure (mmHg)	<input type="text"/>	
Diastolic blood pressure (mmHg)	<input type="text"/>	

Page level queries and annotations:

Inpatient Hospitalization

Save & Add

Save

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Hospitalizations

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Hospitalization

Was the patient hospitalized during the observation period? Yes No/Not documented [Clear](#)

Length of Stay

Inpatient admission date not documented	<input type="checkbox"/>	
Inpatient admission date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Inpatient discharge date not documented	<input type="checkbox"/>	
Inpatient discharge date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	

Discharge Diagnosis

<input type="checkbox"/>	Diagnosis	Diagnosis other description	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
<input type="checkbox"/> 			0/0/0	x N
<input type="checkbox"/> 			0/0/0	x N

Page level queries and annotations:

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Save

Save & Exit

To see details on Discharge Diagnosis, click the green pencil next to each item.

Edit Row

Update Discharge Diagnosis

Diagnosis	<input type="text"/>
Diagnosis other description	<input type="text"/>

Update

Cancel

Diagnosis




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Diagnosis

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Diagnosis


	Diagnosis	Other description	Started prior to obs period	Started or ongoing in first 6 months	Started or ongoing 6-12 months	Started or ongoing 12-18 months	Started or ongoing 18-24 months	Ongoing at end of obs period	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
									0/0/0		 N

Page level queries and annotations:

Click on the green pencil to edit details of that diagnosis:

Edit Row

Update Diagnosis

Diagnosis	<input type="text" value=""/>	
Other description	<input type="text" value=""/>	
Started prior to obs period	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing in first 6 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 6-12 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 12-18 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 18-24 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Ongoing at end of obs period	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear

Medications

Save Save & Exit

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Medications

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Medications

	Medication	Other medication description	Medication route	Other route description	Frequency (for ARVs only)	Other ARV frequency description	Started prior to obs period	Started or ongoing in first 6 months	Started or ongoing 6-12 months	Started or ongoing 12-18 months	Started or ongoing 18-24 months	Ongoing at end of obs period	O / R / C
<input type="checkbox"/>													
<input type="checkbox"/>													0/0/0

Delete Selected Row Enter New Row View/Hide Deleted Row

Page level queries and annotations:

Save Save & Exit

To edit details on a given medication, click on the green pencil next to the drug

Edit Row

Update Medications	
Medication	<input type="text" value=""/>
Other medication description	<input type="text" value=""/>
Medication route	<input type="text" value=""/>
Other route description	<input type="text" value=""/>
Frequency (for ARVs only)	<input type="text" value=""/>
Other ARV frequency description	<input type="text" value=""/>
Started prior to obs period	<input type="radio"/> Yes <input type="radio"/> No/Not documented Clear
Started or ongoing in first 6 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented Clear
Started or ongoing 6-12 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented Clear
Started or ongoing 12-18 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented Clear
Started or ongoing 18-24 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented Clear
Ongoing at end of obs period	<input type="radio"/> Yes <input type="radio"/> No/Not documented Clear

Update Cancel

Procedures

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Procedures

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Procedure Date

Date of procedure	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 
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Procedure

Procedure	<input type="text"/>
Specify details	<input type="text"/> Number of available characters: 100

Page level queries and annotations:

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Prophylaxis

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MAC Prophylaxis Administered

MAC prophylaxis administered?	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
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MAC Prophylaxis Details

MAC medication	<input type="text"/>	
Other description	<input type="text"/>	
Started prior to obs period	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing in first 6 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 6-12 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 12-18 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 18-24 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Ongoing end of obs period	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear

Page level queries and annotations:

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PCP Prophylaxis

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PCP Prophylaxis Administered

PCP prophylaxis administered?	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
---	---	-----------------------

PCP Prophylaxis Details

PCP medication	<input style="width: 95%;" type="text"/>	<input type="button" value="v"/>
Other Description	<input style="width: 95%;" type="text"/>	
Started prior to obs period	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing in first 6 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 6-12 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 12-18 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Started or ongoing 18-24 months	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Ongoing at end of obs period	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear

Page level queries and annotations:

Influenza Vaccination

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Influenza Vaccination

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Influenza Vaccine Administered

Influenza vaccination administered?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Documented	Clear
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Influenza Vaccine Details

Administered during first year of obs period?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Clear
If yes, what date was the influenza vaccine administered in year 1 of the observation period?	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Administered during second year of obs period?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Clear
If yes, what date was the influenza vaccine administered in year 2 of the observation period?	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	

Page level queries and annotations:

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Pregnancy

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Pregnancy

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Pregnancy

Pregnant during observation period?	<input type="radio"/> Yes <input type="radio"/> No/not documented <input type="radio"/> Not applicable	Clear
Number of pregnancies during observation period	<input type="text" value=""/> ▾	


Pregnancy Details

<input type="checkbox"/>	Outcome of pregnancy	Outcome of pregnancy date not documented	Date of pregnancy outcome	Delivery method	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
<input type="checkbox"/>		Unchecked			0/0/0	

Page level queries and annotations:

For Pregnancy Details: Click the green pencil to see the following:

Edit Row

Update Pregnancy Details	
Outcome of pregnancy	<input type="text"/>
Outcome of pregnancy date not documented	<input type="checkbox"/>
Date of pregnancy outcome	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 
Delivery method	<input type="text"/>

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HIV Lab Test Details
[Show/Hide Annotation](#)
HIV Specimen Collection Date

Collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
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CD4 Count

CD4 count result	<input type="text"/>	
CD4 count units	<input type="text"/> ▼	

CD4%

CD4% result	<input type="text"/> . <input type="text"/>	
CD4% units	<input type="text"/> ▼	

HIV Viral Load

Is the viral load undetectable?	<input type="radio"/> Yes <input type="radio"/> No	Clear
Is the viral load above the upper limit of detectability?	<input type="radio"/> Yes <input type="radio"/> No	Clear
Viral Load sign	<input type="text"/> ▼	
Viral load result	<input type="text"/> . <input type="text"/>	
Viral load units	<input type="text"/> ▼	
Lower limit of test	<input type="text"/> ▼	
If other, specify	<input type="text"/>	
Upper limit of test	<input type="text"/> ▼	
If other, specify	<input type="text"/>	

Page level queries and annotations:



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CBC

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Specimen Collection Date

Collection Date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/>	
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White Blood Cell Count (WBC)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Hemoglobin (Hb)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Hematocrit (Hct)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	

Platelets (Plt)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Mean Corpuscular Volume(MCV)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	

Neutrophil Count/ %

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Lymphocyte Count/ %

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Monocyte Count/ %

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Eosinophil Count/ %

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Basophil Count/ %

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Page level queries and annotations:

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Save

Save & Exit

Chemistry

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Specimen Collection Date

Collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Fasting lab?	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear

Glucose

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Creatinine

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Calcium

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Albumin

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Aspartate Aminotransferase (AST/SGOT)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Alanine aminotransferase (ALT/SGPT)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Total Bilirubin

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Page level queries and annotations:

Other Chemistry

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Specimen Collection Date

Collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
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Hemoglobin A1c (HgbA1c)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	

Vitamin D3, 25-hydroxy [(OH)D3]

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Intact Parathyroid Hormone (PTH)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

International Normalized Ratio (INR)

Result	<input type="text"/> . <input type="text"/>	
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Thyroid Stimulating Hormone (TSH)

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

Total Testosterone

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

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Lipids

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Specimen Collection Date

Collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Fasting Lab?	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear

Total Cholesterol

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

HDL

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

LDL

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of Other Units	<input type="text"/>	

Triglycerides

Result	<input type="text"/> . <input type="text"/>	
Units	<input type="text"/> ▼	
Description of other units	<input type="text"/>	

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Urine

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Urine

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Specimen Collection Date

[Collection date](#)

MM-dd-yyyy

 - - 

Urine Test

<input type="checkbox"/>	Urine test type	Urine test result	Urine test units	Description of other units	Urine protein result (non-numeric)	Description of other result	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
<input type="checkbox"/>							0/0/0		

Delete Selected Row

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Page level queries and annotations:

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Edit Row

Update Urine Test

Urine test type	<input type="text"/>	
Urine test result	<input type="text"/> . <input type="text"/>	
Urine test units	<input type="text"/>	
Description of other units	<input type="text"/>	
Urine protein result (non-numeric)	<input type="text"/>	
Description of other result	<input type="text"/>	

Update

Cancel

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Serology

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Specimen Collection Date

Collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 
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Toxoplasma

Toxolasma IgG antibody result	<input type="radio"/> Positive or Reactive <input type="radio"/> Negative or Non-reactive <input type="radio"/> Indeterminate Clear
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Hepatitis C

<input type="checkbox"/>	Test type	Qualitative test result	Quantitative viral load undetectable	Quantitative viral load sign	Quantitative viral load result	Quantitative viral load units	Quantitative viral load test upper limit	Quantitative viral load test lower limit	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>									0/0/0

Hepatitis B

<input type="checkbox"/>	Test type	Qualitative test result	Viral load (DNA) undetectable	Viral load (DNA) sign	Viral load (DNA) result	Viral load (DNA) units	Viral load (DNA) upper limit	Viral load (DNA) lower limit	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>									0/0/0

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 Edit Row

Update Hepatitis C		
Test type	<input type="text" value=""/>	
Qualitative test result	<input type="radio"/> Positive or Reactive <input type="radio"/> Negative or Non-reactive <input type="radio"/> Indeterminate	Clear
Quantitative viral load undetectable	<input type="radio"/> Yes <input type="radio"/> No	Clear
Quantitative viral load sign	<input type="text" value=""/>	
Quantitative viral load result	<input type="text" value=""/> . <input type="text" value=""/>	
Quantitative viral load units	<input type="text" value=""/>	
Quantitative viral load test upper limit	<input type="text" value=""/> . <input type="text" value=""/>	
Quantitative viral load test lower limit	<input type="text" value=""/> . <input type="text" value=""/>	

 Edit Row

Update Hepatitis B		
Test type	<input type="text" value=""/>	
Qualitative test result	<input type="radio"/> Positive or Reactive <input type="radio"/> Negative or Non-reactive <input type="radio"/> Indeterminate	Clear
Viral load (DNA) undetectable	<input type="radio"/> Yes <input type="radio"/> No	Clear
Viral load (DNA) sign	<input type="text" value=""/>	
Viral load (DNA) result	<input type="text" value=""/> . <input type="text" value=""/>	
Viral load (DNA) units	<input type="text" value=""/>	
Viral load (DNA) upper limit	<input type="text" value=""/> . <input type="text" value=""/>	
Viral load (DNA) lower limit	<input type="text" value=""/> . <input type="text" value=""/>	

Sexually Transmitted Infection Screening

Save & Add

Save

Save & Exit

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Sexually Transmitted Infection Screening

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Specimen Collection Date

[Specimen collection date](#)

MM-dd-yyyy

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Gonorrhea Details

<input type="checkbox"/>	Source of specimen	Test type	Result	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>				0/0/0

Delete Selected Row

Enter New Row

View/Hide Deleted Row

Chlamydia Details

<input type="checkbox"/>	Source of specimen	Test type	Result	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>				0/0/0

Delete Selected Row

Enter New Row

View/Hide Deleted Row

Syphilis Details

<input type="checkbox"/>	Source of specimen	Test type	Result	Titer result: 1:X	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>					0/0/0

Delete Selected Row

Enter New Row

View/Hide Deleted Row

Trichomonas Details

<input type="checkbox"/>	Source of specimen	Test type	Result	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<input type="checkbox"/>				0/0/0

Delete Selected Row

Enter New Row


View/Hide Deleted Row

Page level queries and annotations:


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 Edit Row


Update Gonorrhea Details		
Source of specimen	<input type="text" value=""/>	
Test type	<input type="text" value=""/>	
Result	<input type="text" value=""/>	

 Edit Row

Update Chlamydia Details		
Source of specimen	<input type="text" value=""/>	
Test type	<input type="text" value=""/>	
Result	<input type="text" value=""/>	

 Edit Row

Update Syphilis Details		
Source of specimen	<input type="text" value=""/>	
Test type	<input type="text" value=""/>	
Result	<input type="text" value=""/>	
Titer result: 1:X	<input type="text" value=""/>	

 Edit Row

Update Trichomonas Details		
Source of specimen	<input type="text" value=""/>	
Test type	<input type="text" value=""/>	
Result	<input type="text" value=""/>	

Tuberculosis Screening

Save & Add

Save

Save & Exit


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Tuberculosis Screening

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PPD

Was a PPD placed?	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Was the PPD read?	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Date of PPD read not documented	<input type="checkbox"/>	
What date was the PPD read?	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
PPD result	<input type="text"/> ▼	

Interferon Gamma Release Assay (IGRA)

Specimen collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
IGRA test type	<input type="text"/> ▼	
IGRA result	<input type="text"/> ▼	

Page level queries and annotations:

Save & Add

Save

Save & Exit

Pap Smear and Mammogram

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Protocol Code: MMP_MRA_2012_01

Participant ID: MMP_017

Pap Smear and Mammogram

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Screening Date

Screening date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
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Mammogram

Mammogram result	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not documented	Clear
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PAP

PAP source	<input type="text"/> ▼	
Specimen adequate	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Documented	Clear
PAP result	<input type="text"/> ▼	
Specify other PAP result	<input type="text"/>	

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Genotype/Virtual Phenotype


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Genotype/Virtual Phenotype

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Genotype/Virtual Phenotype Details

Genotype or virtual phenotype performed	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Is genotype or virtual phenotype lab report available in the medical record for entry?	<input type="radio"/> Yes <input type="radio"/> No	Clear
Were the results obtained from a genotype or virtual phenotype?	<input type="radio"/> Genotype <input type="radio"/> Virtual Phenotype	Clear
Collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Specimen adequate?	<input type="radio"/> Yes <input type="radio"/> No	Clear

NRTI Mutations Detected

NRTI mutations detected	<input type="radio"/> Yes <input type="radio"/> No	Clear
---	--	-----------------------


NRTI Mutations

<input type="checkbox"/>	<input type="checkbox"/>	NRTI mutation position number	NRTI mutation letter	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				0/0/0					

NNRTI Mutations Detected

NNRTI mutations detected	<input type="radio"/> Yes <input type="radio"/> No	Clear
--	--	-----------------------


NNRTI Mutations

<input type="checkbox"/>	<input type="checkbox"/>	NNRTI mutation position number	NNRTI mutation letter	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				0/0/0					

PI Mutations Detected

PI mutations detected	<input type="radio"/> Yes <input type="radio"/> No	Clear
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PI Mutations

<input type="checkbox"/>	<input type="checkbox"/>	PI mutation position number	PI mutation letter	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				0/0/0					

Integrase Mutations Detected	
Integrase mutations detected	<input type="radio"/> Yes <input type="radio"/> No Clear

Integrase Mutations			
<input type="checkbox"/>	Integrase mutation position number	Integrase mutation letter	<input type="text" value="Q"/> / <input type="text" value="R"/> / <input type="text" value="C"/>
<input type="checkbox"/>			0/0/0
<input type="button" value="Delete Selected Row"/> <input type="button" value="Enter New Row"/> <input type="button" value="View/Hide Deleted Row"/>			

GP41 Envelope Mutations Detected	
GP41 Envelope mutations detected	<input type="radio"/> Yes <input type="radio"/> No Clear

GP41 Envelope Mutations			
<input type="checkbox"/>	GP41 Envelope mutation position number	GP41 Envelope mutation letter	<input type="text" value="Q"/> / <input type="text" value="R"/> / <input type="text" value="C"/>
<input type="checkbox"/>			0/0/0
<input type="button" value="Delete Selected Row"/> <input type="button" value="Enter New Row"/> <input type="button" value="View/Hide Deleted Row"/>			


Page level queries and annotations:

Edit Row


Update NRTI Mutations	
NRTI mutation position number	<input type="text"/> ▼
NRTI mutation letter	<input type="text"/> ▼

Edit Row


Update NNRTI Mutations	
NNRTI mutation position number	<input type="text"/> ▼
NNRTI mutation letter	<input type="text"/> ▼

 Edit Row

Update PI Mutations		
PI mutation position number	<input type="text"/>	<input type="text"/>
PI mutation letter	<input type="text"/>	<input type="text"/>

 Edit Row

Update Integrase Mutations		
Integrase mutation position number	<input type="text"/>	<input type="text"/>
Integrase mutation letter	<input type="text"/>	<input type="text"/>

 Edit Row

Update GP41 Envelope Mutations		
GP41 Envelope mutation position number	<input type="text"/>	<input type="text"/>
GP41 Envelope mutation letter	<input type="text"/>	<input type="text"/>

Standard Phenotype

Save & Add

Save

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Phenotype

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Phenotype

Was a standard phenotype performed (not a virtual phenotype)?	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Phenotype collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	

Page level queries and annotations:

Save & Add

Save

Save & Exit

Tropism Assay

Save & Add

Save

Save & Exit


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Tropism Assay

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Tropism Assay

Tropism assay performed	<input type="radio"/> Yes <input type="radio"/> No/Not documented	Clear
Is Tropism assay lab report available in medical record for entry?	<input type="radio"/> Yes <input type="radio"/> No	Clear
Collection date	MM-dd-yyyy <input type="text"/> - <input type="text"/> - <input type="text"/> 	
Specimen adequate?	<input type="radio"/> Yes <input type="radio"/> No	Clear
Result	<input type="text"/>	

Page level queries and annotations:

Save & Add

Save

Save & Exit