

Today's date: ____/____/____
MM DD YYYY**ZIKV RNA Persistence (ZIRP): Pregnant Woman Screening Form****Clinic Information**

Clinic name: _____

Municipality*: _____

Study site # (if applicable): _____

Patient Information

Last name: _____

First name: _____

Date of Birth (mm/dd/yyyy): _____

1. Inclusion Criteria

Is the patient RT-PCR positive* for ZIKV on blood or urine?

₁ Yes ₀ No

Is the patient 15 years of age or older?

₁ Yes ₀ No

Does the patient speak English or Spanish?

₁ Yes ₀ No

Is the patient able to return every 2 weeks for specimen collection?

₁ Yes ₀ No

Is the patient willing to consider enrolling their infant into the study at birth?

₁ Yes ₀ No**If any of the above inclusion criteria is answered "no" the patient is NOT eligible for study****2. Exclusion Criteria**

Is the patient not physically or psychologically able to participate based on clinical judgment?

₁ Yes ₀ No

Is the patient's pregnancy ectopic or molar?

₁ Yes ₀ No**If 1 or more of the above exclusion criteria is answered "yes" the patient is NOT eligible for study****3. Eligibility Determination**

The patient is eligible for the study. (All answers to inclusion criteria questions are Yes AND all answers to exclusion criteria are No.)

₁ Yes ₀ No**4. Informed Consent**

Did the patient sign informed consent for participation?

₁ Yes ₀ No

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4.1 If yes,

4.1a Date when informed consent was signed (mm/dd/yyyy): _____

4.1b Was the patient given a copy of the consent? ₁ Yes ₀ No

4.2 If no,

4.2a. Why not? _____

5. Enrollment

5.1 Was the patient enrolled? ₁ Yes ₀ No

5.2 Patient identifier number: _____ **0**
(Site number: 1, 2...) (Patient number: 001,002 etc)