**Form Approved**

**OMB No. 0920-xxxx**

**Exp. Date xx/xx/XXXX**

**GAIN Monthly Study Reporting Form**

**Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)**

Report covers the following dates: [MONTH DAY, YEAR] – [MONTH DAY, YEAR]

Report completed on: [MONTH DAY, YEAR]

TABLE 1. GAIN MONTHLY ENROLLMENT BY SITE AND SAMBA TESTING RESULTS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Madison Clinic** | **Gay City** | **Total** |
| Tested negative at GAIN visit (Qual) |  |  |  |
| Tested positive at GAIN visit |  |  |  |
|  Positive Qual Test |  |  |  |
|  <1000 copies/mL (Semi-Q) |  |  |  |
|  >1000 copies/mL (Semi-Q) |  |  |  |
| **Total** |  |  |  |

TABLE 2. GAIN CUMULATIVE ENROLLMENT BY SITE AND SAMBA TESTING RESULTS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Madison Clinic** | **Gay City** | **Total** |
| Tested negative at GAIN visit (Qual) |  |  |  |
| Tested positive at GAIN visit |  |  |  |
|  Positive Qual Test |  |  |  |
|  <1000 copies/mL (Semi-Q) |  |  |  |
|  >1000 copies/mL (Semi-Q) |  |  |  |
| **Total** |  |  |  |

TABLE 3. RESULTS OF NEW POSITIVE PARTICIPANTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Site**  | **SAMBA Result** | **HIV-1 plasma RNA** | **Status** | **Notes** |
| Case 1 | (Madison Clinic or Gay City) | (Positive, Negative, <1000 copies/mL, >1000 copies/mL) | (n copies/mL) | (true positive or false positive) | (any extra info) |
| Case 2, etc. |  |  |  |  |  |

TABLE 4. RCT CUMULATIVE ENROLLMENT BY MONTH

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Approached** | **Refused to enroll** | **Enrolled** |
| January 202n |  |  |  |
| February 202n |  |  |  |
| March 202n |  |  |  |
| April 202n, etc. |  |  |  |
| **Total** |  |  |  |

TABLE 5. MULTI-NAT CUMULATIVE ENROLLMENT BY MONTH

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Approached** | **Refused to enroll** | **Enrolled** |
| January 202n |  |  |  |
| February 202n |  |  |  |
| March 202n |  |  |  |
| April 202n, etc. |  |  |  |
| **Total** |  |  |  |