Pregnancy Pre-delivery (Adult)

Patient ID __ __ - __ **ID** __ __ __ - __ __ __

Date of Evaluation: **DOEDATE**

Protocol timepoint *(see codes)*: **TMPT**

Instructions: *This form is to be completed at the time of a "special visit" for pregnancy, pre-delivery, along with the Special Visit form. If the pre-delivery pregnancy visit is completed at the time of the baseline evaluation or a protocol evaluation visit, this form should not be completed.*

SECTION I: TREATMENT

1. Has patient received treatment for HBV (interferon, oral agent) since the last protocol visit? ☐ Yes ☐ No

   If Yes, record all antivirals received during the interval: **RCNTTX**

Antiviral Therapy (see codes)	Data Started* *(mm/dd/yy)*	Date Stopped* *(mm/dd/yy)*	**or** Currently on Therapy
TXB1	**TXB1BM/D/Y**	**TXB1EM/D/Y**	**TXB1CUR** ☐
TXB2	**TXB2BM/D/Y**	**TXB2EM/D/Y**	**TXB2CUR** ☐
TXB3	**TXB3BM/D/Y**	**TXB3EM/D/Y**	**TXB3CUR** ☐
TXB4	**TXB4BM/D/Y**	**TXB4EM/D/Y**	**TXB4CUR** ☐
TXB5	**TXB5BM/D/Y**	**TXB5EM/D/Y**	**TXB5CUR** ☐
TXB6	**TXB6BM/D/Y**	**TXB6EM/D/Y**	**TXB6CUR** ☐

1 = IFN
2 = Entecavir
3 = Telbivudine
4 = Lamivudine
5 = Adefovir
6 = Peg-IFN
7 = Tenofovir/TDF
8 = Emtricitabine
9 = Truvada
12 = Tenofovir/TAF

* record UNK for any piece of the date that is not known

Data collector initials: **DCID**

Date data collection completed *(mm/dd/yy)*: **DCM** / **DCD** / **DCY**