|  |  |  |  |
| --- | --- | --- | --- |
| **STARTinfected child** | SWISS HIV COHORTSTUDY (MoCHiV) | Page 1/1V3 [05/17] | SHCS number mother (if known) |

### Inclusion of an infected child after birth:

### After sending this message to the local data manager, an identification number will be assigned to the child and you will get the corresponding questionnaires.

**Please describe the situation (how child became infected/ any information about pregnancy and birth):**

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| Initials of child |  |  |

|  |  |
| --- | --- |
| **Date of birth of child** (dd/mm/yy): |  |

|  |  |
| --- | --- |
|  | **Stamp of reporting physician** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date (dd/mm/yy) |  | Signature |  |