|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplement 2 years** | SWISS HIV COHORT STUDY (MoCHiV) | Page 1/2V5 [06/17] | **Number child** |  |

Please complete a ‘FUP ’ and add this form. Keep a copy in the patient’s chart and send the original to the local data manager.

A. HIV antibodies

Confirmation test between 18 and 24 months for so far HIV negative children

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | neg | lim | pos |  Testdate  |
| HIV antibodies (ELISA) |  |  |  |  |  |
| HIV antibodies (Inno-Lia) |  |  |  |  |

B. Viral Hepatitis

**Hepatitis B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Was the child passively immunized at birth?** |  | **Yes**  |  |  |
|  |  | **No** |  |  |
|  |  | **Unknown** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Was the child actively immunized?** |  | **Yes** | **Numbers of injections** |  |
|  |  | **No** |  |
|  |  | **Unknown** |  |

|  |  |
| --- | --- |
| **Results of vaccination:** |  |
|  | **neg** | **lim** | **pos** | **Concentration** | **Units** | **Testdate** |
| **Anti-HBs**  |  |  |  |  |  |  |  |  |  |  |  |  |

**Hepatitis C (**only if mother known as Hepatitis C carrier at delivery**)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **neg** | **lim** | **pos** |  |  |  | **Testdate** |  |  |  |  |  |  |
| **Anti-HCV**  |  |  |  |  |  |  |  |  |  |  |  |  |

C. Hospital stays:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No | Yes |  | Date of admission(dd/mm/yy) |
| Any hospital stays in the first 2 years of life |  |  | **if you answered yes, please fill in the additional checking chart INFECTION,** **unless already reported on a previous form**  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supplement 2 years** | SWISS HIV COHORT STUDY (MoCHiV) | Page 1/2V5 [06/17] | **Number child** |  |

D. Hematology

* Age 1 months: results already reported on the FUP 6 months form don’t have to be reported again

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of hematology tests** | dd/mm/yy |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |
|  **Leukocytes** | **(per μl)** |  |  | **Lymphocytes** | **(per μl)** |  | **(%) of Leuk.** |  |
|  **Hemoglobin** | **(g/dl)** |  |  | **Neutrophils** | **(per μl)** |  | **(%) of Leuk.** |  |
|  **Erythrocytes** | **(106/l)** |  |  | **MCV** | **(fl)** |  |  |  |
|  **Platelets** | **(109/l)** |  |  | **MCH** | **(pg)** |  |  |  |

* Age 6 months: results already reported on the FUP 6 months form don’t have to be reported again

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of hematology tests** | dd/mm/yy |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |
|  **Leukocytes** | **(per μl)** |  |  | **Lymphocytes** | **(per μl)** |  | **(%) of Leuk.** |  |
|  **Hemoglobin** | **(g/dl)** |  |  | **Neutrophils** | **(per μl)** |  | **(%) of Leuk.** |  |
|  **Erythrocytes** | **(106/l)** |  |  | **MCV** | **(fl)** |  |  |  |
|  **Platelets** | **(109/l)** |  |  | **MCH** | **(pg)** |  |  |  |

* Age 2 years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of hematology tests** | dd/mm/yy |  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |
|  **Leukocytes** | **(per μl)** |  |  | **Lymphocytes** | **(per μl)** |  | **(%) of Leuk.** |  |
|  **Hemoglobin** | **(g/dl)** |  |  | **Neutrophils** | **(per μl)** |  | **(%) of Leuk.** |  |
|  **Erythrocytes** | **(106/l)** |  |  | **MCV** | **(fl)** |  |  |  |
|  **Platelets** | **(109/l)** |  |  | **MCH** | **(pg)** |  |  |  |