**INFANT NEVIRAPINE DISPENSING FORM**

**Tshilo Dikotla EDC**

*(This form is only needed if the mother/infant pair is randomized to NVP (Form should be under Delivery visit)*

1. Was NVP infant prophylaxis administered to the infant after delivery?

□ Yes □ No

(*Logic: If “YES”then go to Question #3 and make “NVP Infant Prophylaxis 2 week Adjustment” Form available to complete)*

1. If “No”, please explain why not.

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was any AZT infant prophylaxis administered to the infant after delivery in the hospital? □ Yes □ No
2. If “Yes” please specify how many doses of AZT were given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What date was NVP infant prophylaxis administered?

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not applicable \_\_\_\_\_\_

1. Were instructions given to the mother on administration of NVP infant prophylaxis?

□ Yes □ No

1. What was the dose of NVP infant prophylaxis administered to the infant? \_\_\_\_\_\_ mL

(Capture the actual dose the Government Clinician administered at initial dosing)

1. Was the correct NVP infant prophylaxis dose given? □ Yes □ No
2. If “No” enter the corrected dose of NVP infant prophylaxis administered by the study clinician during the 72 hour delivery visit. \_\_\_\_\_\_\_\_\_\_ mL