1. Maternal Visit (*same as Microbiome Maternal Off Study Form*)
2. Date of completion of this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_; Time of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please code the primary reason the participant is being taken off the study:
4. Multiple (2 or more) viable gestations seen on ultrasound \*
5. Miscarriage or abortion (fetal demise <20 weeks GA) \*
6. Fetal Death at >20 weeks GA (IUFD) or stillborn \*
7. Maternal seroconversion after 33 weeks GA
8. Mother took ART for less than 4 weeks during pregnancy \*
9. Maternal death **prior to** delivery (complete the Death Report Form AF005) \*
10. Maternal death **post** delivery (complete the Death Report Form AF005)
11. Participant stated she will be moving out of the study area or unable to stay in study area **prior to** delivery \*
12. Participant stated she will be moving out of the study area or unable to stay in study area **post** delivery
13. Participant lost to follow-up/ unable to locate **prior to** delivery \*
14. Participant lost to follow-up/ unable to locate **post** delivery
15. Participant lost to follow-up, contacted but did not come to study clinic **prior to** delivery \*
16. Participant lost to follow-up, contacted but did not come to study clinic **post** delivery
17. Mother changed mind and withdrew consent **prior to** delivery \*
18. Mother changed mind and withdrew consent **post** delivery
19. Father of the infant refused to participate and therefore participant withdrew consent **prior to** delivery \*
20. Father of the infant refused to participate and therefore participant withdrew consent **post** delivery
21. Other family member refused the study and therefore participant withdrew consent **prior to** delivery\*
22. Other family member refused the study and therefore participant withdrew consent **post** delivery
23. Infant found to be HIV-infected \*
24. Infant death (complete Infant Death Report Form)
25. Completion of protocol required period of time for observation (see Study Protocol for definition of “Completion” (skip to end of form)
26. Unable to confirm GA by ultrasound
27. Enrolled erroneously – did not meet eligibility criteria
28. Other

Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* If any of the following Off Study Reasons are chosen (a, b, c, d, e, g, i, k, m, o, q, s, w, x), this will not count against the accrual/ recruitment cap*

4. Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_