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 (complete the Death Report Form AF005)
10. Participant stated she will be moving out of the study area or unable to stay in study area **prior to** delivery
11. Participant stated she will be moving out of the study area or unable to stay in study area **post** delivery
12. Participant lost to follow-up/ unable to locate **prior to** delivery
13. Participant lost to follow-up/ unable to locate **post** delivery
14. Participant lost to follow-up, contacted but did not come to study clinic **prior to** delivery
15. Participant lost to follow-up, contacted but did not come to study clinic **post** delivery
16. Mother changed mind and withdrew consent **prior to** delivery
17. Mother changed mind and withdrew consent **post** delivery
18. Father of the infant refused to participate and therefore participant withdrew consent **prior to** delivery
19. Father of the infant refused to participate and therefore participant withdrew consent **post** delivery
20. Other family member refused the study and therefore participant withdrew consent **prior to** delivery
21. Other family member refused the study and therefore participant withdrew consent **post** delivery
22. Infant found to be HIV-infected
23. Infant death (complete Infant Death Report Form)
24. Completion of protocol required period of time for observation (see Study Protocol for definition of “Completion” (skip to end of form)
25. Unable to confirm GA by ultrasound
26. Enrolled erroneously – did not meet eligibility criteria
27. Mother did not complete ANV1
28. Other

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

*As of IRB amendment approved Nov 2017 (submitted Sep 2017): if a, b, c, d, e, v, w, x are chosen this does not count against accrual.*

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