|  |
| --- |
|  |
| ***CONTRACTOR NAME AND LINE OF BUSINESS*** |
| **REPORTING PERIOD:** |  |  |  |
| ***OCTOBER 1 THROUGH MARCH 31***  |  | ***APRIL 1 THROUGH SEPTEMBER 30*** |
|  |  |  |
| ***NAME OF PERSON COMPLETING FORM*** |  | ***TITLE*** |

|  |  |  |
| --- | --- | --- |
| Report the number of cases of pregnant women enrolled with the Contractor who have been newly diagnosed as HIV/AIDS positive: during this reporting period (not cumulatively).  |  |  |
|  |  | ***NUMBER*** |

Information shall be submitted as specified in Contract.