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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.

¹ Removed “Semiannual Report of” from title. The timeframe of when a report is due should not be included in the title of an attachment.