

# The Antiretroviral Pregnancy Registry

## Instructions for Completing the REGISTRATION FORM

**General Guideline:** Date format should always be entered as *DD/MMM/YYYY*

**Patient (Log) ID:** The Registry assigned Log ID number.

**Date patient first seen during this pregnancy:** Provide the date first seen in *DD/MMM/YYYY* format.

### 1. Maternal Information

- 1.1 **Clinical Study:** Indicate if the patient is participating in a clinical study by checking “Yes”, “No”, or “Unknown”.
  - If no, move to Subsection 1.2
  - If yes, provide the study protocol number and indicate whether the study was conducted in pregnant women by checking “Yes” or “No”
- 1.2 **Last Menstrual Period (LMP):** Provide the start date for the LMP in *DD/MMM/YYYY* format.
- 1.3 **Corrected Estimated Date of Delivery (CEDD):** Provide the CEDD based on the 20 week prenatal test, especially if this is the date being used to calculate gestational age for medication exposures and outcome. If a date is entered here, prenatal test name(s) and date(s) must be entered in Section 2.1.
- 1.4 **Patient Age:** Provide age of the pregnant woman at time of conception.
- 1.5 **Race:** Check the appropriate box for the pregnant woman’s race.

### 2. Prenatal Tests

- 2.1 **Prenatal Test Done:** Indicate if a prenatal test was done by checking “Yes”, “No”, or “Unknown”.
  - If no, move to Section 3: Clinical Indicators.
  - If yes, provide the date in *DD/MMM/YYYY* format, or the gestational age, the prenatal test was performed and the name of the prenatal test (i.e., Ultrasound, Amniocentesis, MSAFP). If “Other”, specify the prenatal test performed.
- 2.2 **Evidence of a Structural Defect:** Indicate if a structural defect(s) was identified on a prenatal test by checking “Yes”, “No” or “Unknown” by each prenatal test done.
  - If no, move to Section 3: Clinical Indicators.
  - If yes, specify the structural and/or chromosomal defect(s).

### 3. Clinical Indicators (at the START of pregnancy)

#### 3.1 Indication for ARV (Check all that apply)

3.2 **Earliest CD4 + T-cell Categories (in this pregnancy):** Check the appropriate range for the counts as they were as close to the beginning of the pregnancy (not applicable should be marked if the patient is not HIV infected).

#### 3.3 Worst Disease Severity Indicator (by history):

- **HIV:** Check the appropriate category for the worst disease severity experienced by the patient at any time since becoming infected (not applicable should be marked if the patient is not HIV infected). Clinical categories A, B and C are as defined by the CDC [www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm)
  - **Category A:** Consists of one or more of the CDC defined Category A conditions in a person with documented HIV infection. Conditions in Categories B and C must not have occurred.
  - **Category B:** Consists of symptomatic conditions in an HIV-infected person not included in Category C and meeting at least one of the two Category B conditions. For classification purposes, someone previously treated for a Category B condition but who is now asymptomatic should be classified in Category B.
  - **Category C:** Includes the clinical conditions listed in the AIDS surveillance case definition. For classification purposes, once a Category C condition has occurred, the person will remain in Category C.
  - **Category D:** CD4 <200 cells/ $\mu$ L
- **Hepatitis:** Check the appropriate category for the worst disease severity experienced by the patient at any time since becoming infected (not applicable should be marked if the patient does not have hepatitis).

# The Antiretroviral Pregnancy Registry

## Instructions for Completing the Antiviral Therapy During Pregnancy Form

- **Med Code:** Indicate the code number from the list provided. If a drug is not listed, provide the name of the drug.
- **Total Daily Dose:** Provide the total daily dose with units (e.g., 80 mg, 2 tabs, 2 mg/kg/hr, etc.).
- **Route:** Provide the code "1" for oral, "2" for IV, and "3" for subcutaneous (sub-Q).
- **Pt taking Meds at Conception?:** "1" if yes at conception, "2" if during pregnancy, "3" if unknown.
- **Date Treatment Began or Gestational Age Course Began:**
  - Provide start date in *DD/MMM/YYYY* format, **OR**
  - Provide gestational age course began. If gestational age is known, check the calculation source: LMP or Corrected EDD. If CEDD is checked, prenatal test name(s) and date(s) must be entered on page 1 Section 2.1.
- **Date Treatment Stopped or Ongoing:**
  - Provide date or gestation week treatment stopped in *DD/MMM/YYYY* format, **OR**
  - Check "Ongoing" if treatment continues following outcome of pregnancy.

**Please write "unk" or "N/A" on the forms if any information is unknown or not applicable.**

The Registry is not designed to monitor all types of events that might occur during pregnancy, labor and delivery, or other neonatal or post-natal events other than defects. If such events occur the provider is encouraged to contact the manufacturer of the individual drug and/or the FDA. FDA can be reached by faxing the information to 800-FDA-0178 or at <http://www.fda.gov/Safety/MedWatch/default.htm>

# ANTIRETROVIRAL PREGNANCY REGISTRY

## REGISTRATION FORM

Fax to: +1-800-800-1052 (US, Canada)  
+1-910-256-0637 (International) or +32-2-714-5024 (Europe)  
0800-5812-1658 (UK, Germany, France)  
0800-892-1472 (Brazil)  
Email to: SM\_APR@INCRResearch.com

FOR OFFICE USE ONLY (1)  
Registry Patient ID \_\_\_\_\_ HCP ID \_\_\_\_\_  
Prospective  Retrospective  100% Provider   
Registry date of notification \_\_\_\_\_  Phone  
DD MMM YYYY

Patient (Log) ID: \_\_\_\_\_ Registry assigned ID number or Sponsor MCN \_\_\_\_\_

Country of report origin \_\_\_\_\_ State (U.S. only) \_\_\_\_\_  
Date patient first seen during this pregnancy or Sponsor date of notification of pregnancy  
Date: \_\_\_\_\_  
DD MMM YYYY

### 1. MATERNAL INFORMATION

- 1.1 Is the patient enrolled in a clinical study? (*treatment or observational study*)  Yes  No  Unknown  
If yes, provide the protocol number \_\_\_\_\_  
Was the clinical study conducted in pregnant women?  Yes  No  Unknown
- 1.2 Last Menstrual Period \_\_\_\_\_  
DD MMM YYYY
- 1.3 Corrected EDD \_\_\_\_\_ (e.g., by ultrasound)  
DD MMM YYYY
- 1.4 Patient Age: \_\_\_\_\_ (at conception)
- 1.5 Race:  White  Black  
 Hispanic  Asian  
 Other (specify) \_\_\_\_\_

### 2. PRENATAL TESTS

- 2.1 Was a prenatal test done?  
 No (*go to section 3*)  
 Yes (*complete below and question 2.2*)  
Date OR Gestational Age when test(s) done: \_\_\_\_\_
- (√) test(s)  Ultrasound \_\_\_\_\_ date  
 Ultrasound \_\_\_\_\_ date  
 Amniocentesis \_\_\_\_\_ date  
 Cystic Fibrosis Mutation Analysis \_\_\_\_\_ date  
 Fetal Echo \_\_\_\_\_ date  
 First Trimester Screen \_\_\_\_\_ date  
 MSAFP/serum markers \_\_\_\_\_ date  
 Nuchal Translucency \_\_\_\_\_ date  
 Other (specify): \_\_\_\_\_ date  
 Unknown (*go to section 3*)
- 2.2 Is there evidence of a structural defect from one or more of these prenatal tests?  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_  
 Yes  No  Unknown. If yes, Specify defect \_\_\_\_\_

### 3. CLINICAL INDICATORS (at the START of pregnancy)

- 3.1 Indication for ARV (*√all that apply*):  
 HIV Infected  
 HIV Non-Infected  
 Post-Exposure Prophylaxis (PEP)  
 Pre-Exposure Prophylaxis (PrEP)  
 Hepatitis B  
 Hepatitis C
- 3.2 Earliest CD4+ T-cell Categories (*in this pregnancy*)  
 ≥ 500 cells/μL  
 200-499 cells/μL  
 <200 cells/μL  
 Not applicable
- 3.3 Worst Disease Severity Indicator (by history):  
**HIV**  
 A. Asymptomatic, acute (primary) HIV or PGL (persistent generalized lymphadenopathy)  
 B. Symptomatic, not (A) or (C) conditions  
 C. Other AIDS-indicator conditions  
 D. CD4 <200 cells/μL  
 E. Not applicable  
**Hepatitis**  
 A. Compensated liver disease (Pugh score <7)  
 B. Decompensated liver disease (Pugh score ≥7)  
 C. Not applicable
- For additional descriptions of categories refer to the 1993 CDC revised classification system, December 1992 issue of MMWR*

### Complete applicable information on: ANTIVIRAL THERAPY DURING PREGNANCY Form

**HEALTH CARE PROVIDER INFORMATION**

Name \_\_\_\_\_ Specialty \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_  
Alternate Contact \_\_\_\_\_ Email \_\_\_\_\_  
Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_  
DD MMM YYYY

**CONFIDENTIAL**

**ANTIRETROVIRAL PREGNANCY REGISTRY****ANTIVIRAL THERAPY DURING PREGNANCY***(Initiated at registration and completed at follow-up)*

FOR OFFICE USE ONLY

Registry ID \_\_\_\_\_

HCP ID \_\_\_\_\_

 Update

Complete as much of this page as applicable at Registration. A copy of this form will be sent to you in the expected month of delivery for completion.

Patient Log ID: \_\_\_\_\_ (The Registry assigned, non-patient identifying patient ID or Sponsor MCN)

**4. ANTIRETROVIRAL THERAPY DURING PREGNANCY**

4.1 Use the med. codes below for antiviral medication taken during pregnancy. If not coded, Specify Medication.

<b>1. Abacavir (ZIAGEN®, ABC) – ViiV/GSK</b>	<b>8. Ritonavir (NORVIR®, RTV) – Abbvie</b>
1.1 Abacavir generic – Hetero	8.1 Ritonavir generic – West-Ward
1.2 Abacavir generic – Apotex	8.99 Ritonavir (unknown manufacturer)
1.3 Abacavir generic – Mylan	<b>9. Saquinavir (FORTOVASE®, SQV-SGC) – Roche (no longer manuf.)</b>
1.4 Abacavir generic – Strides	<b>10. Saquinavir mesylate (INVIRASE®, SQV-HGC) – Roche</b>
1.5 Abacavir generic – Aurobindo	<b>11. Stavudine (ZERIT®, d4T) – BMS</b>
1.6 Abacavir generic – Cipla	11.1 Stavudine generic – Mylan
1.99 Abacavir generic (unknown manufacturer)	11.2 Stavudine generic – Aurobindo
<b>2. Didanosine (VIDEX®, VIDEX® EC, ddl) – BMS</b>	11.3 Stavudine generic – Cipla
2.1 Didanosine generic – Teva	11.4 Stavudine generic – Hetero
2.2 Didanosine generic – Aurobindo	11.99 Stavudine generic (unknown manufacturer)
2.3 Didanosine generic – Mylan	<b>12. Zalcitabine (HIVID®, ddC) – Roche (no longer manuf.)</b>
2.99 Didanosine (unknown manufacturer)	<b>13. Zidovudine (RETROVIR®, ZDV) – ViiV/GSK</b>
<b>3. Efavirenz (SUSTIVA®, EFV) – BMS</b>	13.1 Zidovudine oral generic – Ranbaxy (no longer manuf.)
<b>3.1 Efavirenz (STOCRIN™, EFV) – Merck</b>	13.2 Zidovudine oral generic – ViiV/GSK
3.2 Efavirenz generic – Hetero	13.3 Zidovudine oral generic – West-Ward
3.3 Efavirenz generic – Aurobindo	13.4 Zidovudine oral generic – Aurobindo
3.4 Efavirenz generic – Mylan	13.5 Zidovudine oral generic – Cipla
3.5 Efavirenz generic – Strides	13.6 Zidovudine oral generic – Mylan
3.99 Efavirenz (unknown manufacturer)	13.7 Zidovudine oral generic – Hetero
<b>4. Lamivudine (EPIVIR®, ZEFFIX®, 3TC) – ViiV/GSK</b>	13.8 Zidovudine oral generic – Sunshine Lakes (no longer manuf.)
4.1 Lamivudine generic – Hetero	13.9 Zidovudine oral generic – Ipca (no longer manuf.)
4.2 No longer in use (see 51.1)	13.99 Zidovudine oral (unknown manufacturer)
4.3 Lamivudine generic – Apotex	<b>14. Amprenavir (AGENERASE®, APV) – ViiV/GSK (no longer manuf.)</b>
4.4 Lamivudine generic – Aurobindo	<b>15. Indinavir (CRIXIVAN®, IDV) – Merck</b>
4.5 Lamivudine generic – Silarx/Lannett	<b>16. Delavirdine mesylate (RESCRIPTOR®, DLV) – ViiV/GSK</b>
4.6 Lamivudine generic – Lupin	<b>17. Lopinavir+ritonavir (KALETRA®, ALUVIA®, LPV/r) – Abbvie</b>
4.7 Lamivudine generic – Mylan	17.1 Lopinavir+ritonavir generic – Silarx/Lannett
4.8 Lamivudine generic – Cipla	17.99 Lopinavir+ritonavir (unknown manufacturer)
4.9 Lamivudine generic – Strides	<b>18. Abacavir+lamivudine+zidovudine (TRIZIVIR®, TZV) – ViiV/GSK</b>
4.99 Lamivudine (unknown manufacturer)	18.1 Abacavir+lamivudine+zidovudine generic – Lupin
<b>5. Lamivudine+zidovudine (COMBIVIR®, CBV) – ViiV/GSK</b>	18.99 Abacavir+lamivudine+zidovudine (unknown manufacturer)
5.1 Lamivudine+zidovudine generic – Hetero	<b>19. Tenofovir disoproxil fumarate (VIREAD®, TDF) – Gilead</b>
5.2 Lamivudine+zidovudine generic – Teva	19.1 Tenofovir disoproxil fumarate generic – Hetero
5.3 Lamivudine+zidovudine generic – Aurobindo	19.2 Tenofovir disoproxil fumarate generic – Apotex
5.4 Lamivudine+zidovudine generic – Lupin	19.3 Tenofovir disoproxil maleate generic – Mylan
5.5 Lamivudine+zidovudine generic – Strides	19.4 Tenofovir disoproxil phosphate generic – Zentiva
5.6 Lamivudine+zidovudine generic – Mylan	19.5 Tenofovir disoproxil succinate generic – Dr. Reddys (no longer partic.)
5.99 Lamivudine+zidovudine (unknown manufacturer)	19.6 Tenofovir disoproxil fumarate generic – Aurobindo
<b>6. Nelfinavir (VIRACEPT®, NFV) – ViiV/Pfizer</b>	19.7 Tenofovir disoproxil fumarate generic – Macleods
<b>7. Nevirapine (VIRAMUNE®, VIRAMUNE® XR™, NVP) – BI</b>	19.8 Tenofovir disoproxil fumarate generic - Strides
7.1 Nevirapine generic – Hetero	19.9 Tenofovir disoproxil fumarate generic - Zentiva
7.2 Nevirapine generic – Prinston	19.10 Tenofovir disoproxil fumarate generic - Qilu
7.3 Nevirapine/nevirapine ER generic – Sciegen (no longer manuf.)	19.11 Tenofovir disoproxil fumarate generic – Laurus Labs
7.4 Nevirapine/nevirapine ER generic – Apotex (no longer manuf.)	19.99 Tenofovir disoproxil fumarate (unknown manufacturer)
7.5 Nevirapine/nevirapine ER generic – Aurobindo	<b>20. Adefovir dipivoxil (HEPSERA®, ADV) – Gilead</b>
7.6 Nevirapine generic – Strides	20.1 Adefovir dipivoxil generic – SigmaPharm
7.7 Nevirapine ER generic – Sandoz	20.99 Adefovir dipivoxil (unknown manufacturer)
7.8 Nevirapine generic – Cipla	<b>21. Enfuvirtide (FUZEON®, T-20) – Roche</b>
7.9 Nevirapine ER generic – Alvogen	<b>22. Atazanavir (REYATAZ®, ATV) – BMS</b>
7.10 Nevirapine ER generic – Teva	22.1 Atazanavir generic - Aurobindo
7.11 Nevirapine/nevirapine ER generic – Mylan	22.99 Atazanavir (unknown manufacturer)
7.12 Nevirapine ER generic – Macleods	<b>23. Emtricitabine (EMTRIVA®, FTC) – Gilead</b>
7.99 Nevirapine (unknown manufacturer)	<b>24. Fosamprenavir calcium (LEXIVA®, FOS) – ViiV/GSK</b>

# ANTIRETROVIRAL PREGNANCY REGISTRY

## ANTIVIRAL THERAPY DURING PREGNANCY

*(Initiated at registration and completed at follow-up)*

FOR OFFICE USE ONLY

Registry ID \_\_\_\_\_

HCP ID \_\_\_\_\_

Update

Complete as much of this page as applicable at Registration. A copy of this form will be sent to you in the expected month of delivery for completion.

**Patient Log ID:** \_\_\_\_\_ *(The Registry assigned, non-patient identifying patient ID or Sponsor MCN)*

<p><b>25. Abacavir+lamivudine (EPZICOM®, KIVEXA®, EPZ) – ViiV/GSK</b></p> <p>25.1 Abacavir+lamivudine generic – Teva</p> <p>25.2 Abacavir+lamivudine generic – Dr. Reddys (no longer partic.)</p> <p>25.3 Abacavir+lamivudine generic – Aurobindo</p> <p>25.4 Abacavir+lamivudine generic – Cipla</p> <p>25.5 Abacavir+lamivudine generic – Lupin</p> <p>25.99 Abacavir+lamivudine (unknown manufacturer)</p> <p><b>26. Tenofovir disoproxil fumarate+emtricitabine (TRUVADA®, TVD) – Gilead</b></p> <p>26.1 Tenofovir disoproxil fumarate+emtricitabine generic – Apotex</p> <p>26.2 Tenofovir disoproxil maleate+emtricitabine generic – Mylan</p> <p>26.3 Tenofovir disoproxil succinate+emtricitabine generic – Dr. Reddys (no longer partic.)</p> <p>26.4 Tenofovir disoproxil phosphate+emtricitabine generic – Zentiva</p> <p>26.5 Tenofovir disoproxil fumarate+emtricitabine generic – Aurobindo</p> <p>26.6 Tenofovir disoproxil fumarate+emtricitabine generic - Zentiva</p> <p>26.99 Tenofovir disoproxil fumarate+emtricitabine generic – (unknown manuf.)</p> <p><b>27. Entecavir (BARACLUDE®, ETV) – BMS</b></p> <p>27.1 Entecavir generic – Teva</p> <p>27.2 Entecavir generic – Aurobindo</p> <p>27.3 Entecavir generic – Amneal</p> <p>27.4 Entecavir generic – Cipla</p> <p>27.5 Entecavir generic – Accord</p> <p>27.6 Entecavir generic – Prinston</p> <p>27.99 Entecavir (unknown manufacturer)</p> <p><b>28. Tipranavir (APTIVUS®, TPV) – BI</b></p> <p><b>29. Efavirenz+tenofovir disoproxil fumarate+emtricitabine (ATRIPLA®, ATR) – Gilead</b></p> <p>29.1 Efavirenz+tenofovir disoproxil phosphate+emtricitabine generic – Teva</p> <p>29.2 Efavirenz+tenofovir disoproxil phosphate+emtricitabine generic - Zentiva</p> <p>29.99 Efavirenz+tenofovir disoproxil +emtricitabine (unknown manufacturer)</p> <p><b>30. Telbivudine (TYZEKA®, LdT) – Novartis</b></p> <p><b>30.1 Telbivudine (SEBIVO®, LdT) – Novartis</b></p>	<p><b>31. Darunavir (PREZISTA®, DRV) – Janssen</b></p> <p>31.1 Darunavir generic – Teva</p> <p>31.99 Darunavir (unknown manufacturer)</p> <p><b>32. Raltegravir (ISENTRESS®, RAL) – Merck</b></p> <p><b>33. Maraviroc (SELZENTRY®, CELESTRI®, MVC) – ViiV/GSK</b></p> <p><b>34. Etravirine (INTELENCE®, ETR) – Janssen</b></p> <p><b>35. Rilpivirine (EDURANT®, RPV) – Janssen</b></p> <p><b>36. Rilpivirine+emtricitabine+tenofovir disoproxil fumarate (COMPLERA®, CPA; EVIPLERA®, EPA) – Gilead</b></p> <p><b>37. Elvitegravir+cobicistat+emtricitabine+tenofovir disoproxil fumarate (STRIBILD®, STB) – Gilead</b></p> <p><b>38. Dolutegravir (TIVICAY®, DTG) – ViiV/GSK</b></p> <p><b>39. Elvitegravir (VITEKTA®, EVG) – Gilead</b></p> <p><b>40. Cobicistat (TYBOST®, COBI) – Gilead</b></p> <p><b>41. Abacavir+dolutegravir+lamivudine (TRIUMEQ®, TRI) – ViiV/GSK</b></p> <p><b>42. Darunavir+cobicistat (PREZCOBIX™, REZOLSTA™, PCX) – Janssen</b></p> <p><b>43. Atazanavir+cobicistat (EVOTAZ™, EVO) – BMS</b></p> <p><b>44. Lamivudine+raltegravir (DUTREBIS™, DUT) – Merck (no longer manuf.)</b></p> <p><b>45. Elvitegravir+cobicistat+emtricitabine+tenofovir alafenamide (GENVOYA®, GEN) – Gilead</b></p> <p><b>46. Rilpivirine+emtricitabine+tenofovir alafenamide (ODEFSEY®, ODE)– Gilead</b></p> <p><b>47. Emtricitabine+tenofovir alafenamide (DESCOVY®, DVY) – Gilead</b></p> <p><b>48. Tenofovir alafenamide (VEMLIDY®, VEM) – Gilead</b></p> <p><b>49. Dolutegravir+ rilpivirine (JULUCA®, DTG+RPV) – ViiV/GSK</b></p> <p><b>50. Efavirenz+lamivudine+tenofovir disoproxil fumarate (SYMFI LO™, EFV+3TC+TDF) – Mylan</b></p> <p><b>51. Lamivudine+tenofovir disoproxil fumarate (CIMDUO™, 3TC+TDF) –Mylan</b></p> <p>51.1 Lamivudine+tenofovir disoproxil fumarate generic – Hetero</p> <p>51.99 Lamivudine+tenofovir disoproxil fumarate (unknown manufacturer)</p> <p><b>52. Bictegravir+emtricitabine+tenofovir alafenamide (BIKTARVY®, B/F/TAF) - Gilead</b></p>
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Calculation Source (FOR OFFICE USE ONLY)								
<input type="checkbox"/> LMP <input type="checkbox"/> corrected EDD								
<b>4.2. In the following table, describe each course or change in route for each applicable therapy.</b>								
Course	Med. Code (1-52) if no code indicated, please write medication name and indicate if generic	Blinded therapy?	Total <u>Daily Dose</u>	Unit - mg/day - tab. /cap. - mg/kg/hr - mL	Route (enter code) 1 = oral 2 = IV 3 = SubQ/IM	Pt Taking Med. Prior to Conception?  1 = Yes 2 = No 3 = Unknown	Date Treatment Course Began (DD-MMM-YYYY)  OR Gestational Age Course Began (0 weeks = prior to conception)	Date Treatment Stopped (DD/MMM/YYYY), Gestational Week Course stopped OR Ongoing?  (Note: Ongoing = ongoing following delivery)
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
		<input type="checkbox"/>						or <input type="checkbox"/> ongoing
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