List of HIV Cohorts

Name	Description	Contact
AIDS and Cancer Specimen Resource	AIDS and Cancer Specimen Resource (ACSR) is a resource for investigators working in the fields of HIV/AIDS, cancer, virology, immunology, pathology, epidemiology, tumor biology assay development, and many others. It is a biorepository for HIV-infected human biospecimens from a wide spectrum of HIV-related or associated diseases, including cancer, and from appropriate HIV-negative controls.	http://acsr.ucsf.edu/
AIDS Malignancy Consortium	Four of the working groups deal with the cancers that affect HIV-positive patients—Kaposi's Sarcoma, Lymphoma, Human Papillomavirus-related Cancers (for example, anal and cervical cancers), and Non-AIDS Defining Cancers (for example, lung cancer, head and neck cancer, liver cancer).	http://oham.cancer.gov/ohar
California NeuroAIDS Tissue Network	CNTN is an organization of research scientists and clinicians dedicated to the study of neurological and psychological impairment in HIV infection. Funded by the National Institute of Mental Health, CNTN is one of four sites participating in the larger National NeuroAIDS Tissue Consortium. Together, these researchers use their shared knowledge and resources to develop uniform methods for studying HIV-affected populations with neurological disorders.	http://cntn.hivresearch.ucsd.edu
CFAR Translational Virology Core	The facilities are coordinated with the Translational Virology Core of the Center for AIDS Research. The repository collects blood plasmas, peripheral blood mononuclear cell samples, genital secretions, and cerebrospinal fluid clinical samples. The Biorepository has cryopreserved and inventoried aliquots of blood plasma, viably stored aliquots of peripheral blood mononuclear cells, and aliquots of cerebrospinal fluid.	Translational Virology (ucsd.edu)
Chicago CFAR	Third Coast Center for AIDS Research offers a breadth of services through Scientific Cores related to proposal development, participant recruitment, laboratory and specimen access, data analysis, and consultations.	Third Coast Center for AIDS Research – Catalyzing cross-institutional and multidisciplinary HIV research collaborations for a major impact on the HIV epidemic in Chicago, valuing diversity, inclusion, and community engagement. (thirdcoastcfar.org)

List of HIV Cohorts

UCSF-Gladstone CFAR Specimen Bank Core	The Specimen Bank Core has provided repository services to many cohorts and clinical studies based in San Francisco since 1987, including the Women's Interagency HIV Study (WIHS), Biology of HIV Transmission (Options Cohort), Staying Well (Clinical trial of mindfulness-based stress reduction and education groups for HIV), and SFGH Observational Cohort Evaluating Long-Term Consequences of Virologic Failure (SCOPE).	AIDS Specimen Bank Core | U (CFAR)
The CNICS Research Network (includes data as well as specimens)	The CFAR Network of Integrated Clinical Systems (CNICS) research network is the first electronic medical records-based network poised to integrate clinical data from the large and diverse population of HIV-infected persons in the modern HAART era. CNICS provides research infrastructure to support HIV clinical outcomes and comparative effectiveness research using data collected at one of 8 Center for AIDS Research (CFARs). The eight CNICS sites include CFARs with HIV clinics that have implemented point of care electronic data collection systems. These sites include Case Western Reserve University, University of Alabama at Birmingham, University of California San Francisco, the University of Washington, the University of California San Diego, Fenway Health/Harvard University, University of North Carolina Chapel Hill, and John Hopkins University, Vanderbilt University, and University of Miami.	CFAR Network of Integrated Clinical Systems (CNICS) – School of Medicine (uab.edu) Forms – CFAR Network of Integrated Clinical Systems (CNICS) (uab.edu)
UCSF CFAR Clinical and Population Sciences Core Research	The Core has an active role in several of the most significant human subjects studies of HIV disease at UCSF. These studies constitute a Core resource for the entire UCSF HIV/AIDS research community	http://cfar.ucsf.edu/cores/clinical/research
Duke CFAR	The Clinical Core has established a database and biorepository. This Database includes nearly 1900 HIV-infected persons receiving care in the Duke University Adult Infectious Diseases Clinic and will soon include approximately 100 HIV-infected children and adolescents receiving care in the Pediatric Infectious Diseases Clinic. The demographics of these patient populations mirror the reported demographics for North Carolina. There are currently over 60,000 plasma specimens in this biorepository.	https://cfar.duke.edu/cores/clinical-core
Einstein CFAR	A unified web-based clinical research databases that combines data from diverse cohorts and specimen repositories into one centralized relational database. The HIV Integrated Clinical Database (HICDB) provides access to the full array of clinical data for ~15,000 HIV+ and 217,000 HIV-negative patients. •The HIV Integrated Research Database (HIRDB) with Virtual Biorepository centralizes data from HIV+ research participants (and HIV-negative controls) to provide CFAR members with access to a broad-based Biobank derived from “remainder” specimens, including tissue from individuals newly infected with HIV, infected with HIV and	Overview | Einstein-Rockefeller-CUNY Center for AIDS Research | Albert Einstein College of Medicine (einsteinmed.edu)

List of HIV Cohorts

	HCV and elite controllers as well as other biorepositories of vaginal swabs, CVL, plasma, and PBMCs from over 300 women, including adolescents, HIV-infected and uninfected women, pregnant women, and post-coital samples of whom a subset also provided cervical or vaginal biopsies. •Access to data and samples from cohorts from Rwanda, Cameroon, Burundi and South Africa.	
Einstein Clinical & Translational Implementation Science Core	The Clinical Cohort Database (CCDB), derived from the Montefiore/Einstein clinical services, contains >20,000 PWH and 484,000 HIV-negative patients; >6,300 PWH are in active care; 43% are women, 48% Hispanic/Latinx and 41% African American. This comprehensive, longitudinal database provides ERC-CFAR investigators with access to Montefiore's extensive clinical infrastructure and has catalyzed an explosion of clinical, epidemiologic, translational, health services, and implementation science research on HIV treatment, epidemiology, and prevention. In addition, we facilitate enrollment of well-characterized patients (including HIV-negative controls) into new research protocols, particularly treatment and PrEP studies. Our summary slides contain a detailed overview of the database and summary statistics for our populations.	Clinical and Translational Science Core | Einstein-Rockefeller-CUNY Center for AIDS Research | Albert Einstein College of Medicine (einsteinmed.edu)
Emory University	Repositories with contact information for inquiries about usage and collaboration.	Data Repositories - Research Data - Emory University
GW Biorepository	The George Washington Biorepository, based in the Department of Microbiology, Immunology, and Tropical Medicine, is a comprehensive, state-of-the-art resource of biospecimens and clinical data designed to help today's leading investigators facilitate their research on HIV/AIDS and cancer. The GW Biorepository includes specimens from various NIH-funded cooperative projects including the AIDS and Cancer Specimen Resource (ASCR), the Aids Malignancy Consortium (AMC), Women's Interagency HIV Study (WIHS), START Insight, and the GW School of Medicine and Health Science	About the Lab | School of Medicine and Health Sciences (gwu.edu)
National Chimpanzee Brain Resource	A brain repository, where scientists can request tissue samples from the university's collection to be sent to their own labs. The project team also will make available their assemblage of high-resolution MRI scans of chimpanzee brains along with observational data collected from studies on chimpanzees' motor, social and cognitive skills. With this information, the researchers plan to create an online, searchable database that scientists can easily access. They also will build a detailed chimpanzee brain atlas and gene-expression map that can be used for	Home | National Chimpanzee Brain Resource

List of HIV Cohorts

	research on the molecular pathways related to cognition and brain disease.	
Harvard CFAR	The HU CFAR Clinical Core connects HIV-related research cohorts with resources. In turn, many of these studies have data and specimens available for further investigation. Dozens of domestic and international clinical cohort databases available for data and specimens.	HIV Clinical Cohort Catalogue | Harvard University Center for AIDS Research
International Repository Locator (IRL)	The International Repository Locator (IRL) is an initiative by ISBER to help investigators locate biospecimen and data repositories by developing a directory of repository information that can be searched online. The International Repository Locator also seeks to increase the profile of research and biobanking activities being supported by individual repositories amongst key global stakeholders including scientific societies, researchers, funding bodies, governments, consortia, and private industry.	https://www.irlocator.isber.org/
Johns Hopkins CFAR	Offers biospecimen storage and potential access to samples banked by other researchers	https://hopkinscfar.org/
Los Alamos National Lab	The HIV databases contain data on HIV genetic sequences, immunological epitopes, drug resistance-associated mutations, and vaccine trials. The website also gives access to a large number of tools that can be used to analyze these data.	HIV Databases (lanl.gov)
National NeuroAIDS Tissue Consortium (NNTC)	As of October 29, 2021, 3,272 participants have enrolled into the clinical evaluation/tissue donation program. Note this number excludes cases with limited characterization. 2,303 individuals have donated CNS material to the bank. The Consortium is actively following 544 HIV+ individuals and 40 HIV- individuals at four clinical sites across the US.	About | NNTC https://www.nntc.org/
NIH reagents program	In January 2021, the NIH AIDS Reagent Program transitioned to the **NIH HIV Reagent Program** managed by ATCC. We want to ensure your continued access to the materials within the NIH HIV Reagent Program with minimal impact to your research. All NIH HIV Reagent Program materials will continue to be provided at no cost to registrants.	HIV Reagent Program (aidsreagent.org)
UAB CFAR	The Clinical Core maintains and provides patient samples from a comprehensive and efficient Specimen Repository obtained from well-characterized patients for collaborative investigations involving	http://www.uab.edu/medicine/cfar/core-facilities/clinical-core

List of HIV Cohorts

	multiple research disciplines. Contact the Clinical Core to have samples processed or obtain samples for research purposes. The Core also provides samples to other CFARs and outside investigators to aid scientific research.	
University of Massachusetts	The UMCCTS Biospecimen, Tissue, and Tumor Bank (Biorepository) is an open access biorepository that supports investigators in patient-oriented research. Specifically, the Biospecimen and Tissue Bank provides services that help UMass and external investigators to obtain, store, and study high quality human research-related specimens, while maintaining patient confidentiality.	UMCCTS Biospecimen, Tissue and Tumor Bank (umassmed.edu)
UNC CFAR and UNC CFAR HIV Clinical Cohort – UCHCC	UCHCC was created in 1999 to provide a resource for addressing pressing clinical care issues facing patients with HIV-infection. UCHCC has grown to include over 5,000 HIV-infected patients, with a rich specimen repository, patient reported outcomes and a comprehensive demographic, clinical, behavioral, and socio-structural survey. UCHCC has been linked with local, state, and national data sources. UCHCC data are available to HIV care providers through an individual Patient Summary Report and in aggregate to support the management of HIV care provision and clinical trial enrollment at UNC. The UCHCC has supported a variety of investigator-initiated research efforts, spanning basic science, translational research, clinical care, epidemiology and public health, and collaborates with leading national and international HIV multi-cohort efforts including CNICS and NA-ACCORD.	http://uchcc.unc.edu/
UPenn CFAR	The mission of the HIV/AIDS Prevention Research Division is to develop and evaluate interventions designed to reduce the spread of HIV and other blood-borne infections. The Division promotes the application of scientifically sound data in the development of public health policies designed to respond to the HIV epidemic.	Home | HIV/AIDS Prevention Research Division | Perelman School of Medicine at the University of Pennsylvania (upenn.edu)
Brown Alpert CFAR	The CFAR Clinical Research Database (CCRD) contains social and clinical information on The Miriam Hospital Immunology Center patients *(ICDB)*. An Annual Clinical Data Report is created each April and includes a summary of the most frequently requested data items. In addition, it provides general information that can be used in grant applications and presentations where summaries of the Immunology Center population are necessary	CFAR Clinical Research Database | Providence/Boston Center for Aids Research (CFAR) I Medical School I Brown University
TX CFAR	Ending the HIV epidemic in Texas requires research on HIV prevention, cure, and the care continuum. Accordingly, the Texas D-CFAR home institutions are laser-focused on conducting this research in Texas— and helping others to do the same— in an effort to make high-impact contributions in the battle against the worldwide HIV pandemic.	Texas Developmental Center for AIDS Research (Texas D-CFAR) | BCM

List of HIV Cohorts

UCLA CFAR	The UCLA AIDS Institute receives most of its infrastructure support from the Centers for AIDS Research (CFAR) program at the National Institutes of Health. The program supports a multidisciplinary environment by promoting basic, behavioral, clinical, and translational research in prevention, detection, and treatment of HIV infection and AIDS. The UCLA CFAR was established in 1988 and is currently one of 20 CFARs across the United States.	About UCLA Center for AIDS Research (CFAR) - UCLA AIDS Institute - Los Angeles, CA (uclahealth.org)
Medical College of Wisconsin CAIR	CAIR is a multidisciplinary HIV prevention research center that is supported by a P30 Center grant from the National Institute of Mental Health (NIMH). CAIR also receives grant support from other sources, including other institutes of the National Institutes of Health, the Centers for Disease Control and Prevention (CDC), the Wisconsin AIDS/HIV Program, and the Medical College of Wisconsin. The research center is based within the Department of Psychiatry and Behavioral Medicine.	About Us | Center for AIDS Intervention Research | Medical College of Wisconsin (mcw.edu)
University of Washington	CFAR Core Facilities provide biostatistical, laboratory, study design, and other services that are quality-controlled, cost-effective and convenient. These services are supported by the CFAR, freeing investigators of the need to set up and pay for these services themselves.	Center for AIDS Research - UW Research (washington.edu) http://depts.washington.edu/cfar/home/
University of Miami CFAR	Welcome to the Miami Center for AIDS Research (CFAR) at the University of Miami Leonard M. Miller School of Medicine. Miami CFAR is the first NIH-funded AIDS research center in Florida, a state with the highest number of diagnosed HIV infections and second in estimated AIDS diagnoses of children greater than 13 years of age living with a diagnosis of HIV or AIDS.	Miami Center for AIDS Research (CFAR) Miller School of Medicine
University of Rochester	The URMC Center for AIDS Research (CFAR) is part of a national network coordinated by the National Institute of Allergy and Infectious Diseases (NIAID) in collaboration with many National Institutes of Health (NIH) centers. Created in 1988, the CFAR program promotes and encourages research activities that enhance collaboration and coordination of AIDS research. The CFAR program emphasizes the importance of interdisciplinary collaboration, especially between basic and clinical investigators as well as behavioral scientists to support translational research. The CFAR program also encourages training and mentoring of young investigators and inclusion of women and minorities.	Center for AIDS Research - University of Rochester Medical Center
University of Pittsburgh	The University of Pittsburgh is the site of significant research in HIV-associated lung disease with funded investigators performing studies in human populations and non-human primate models investigating	PACCM CI HIV | Department of Medicine (pitt.edu)

List of HIV Cohorts

	infectious and non-infectious lung complications of HIV. The HLRC provides a forum for exchange and interactions between MD and PhD scientists in different disciplines including pulmonary, immunology, and infectious diseases.	
Eastern Virginia Med School/biorepository	The focus of my research is on AIDS pathogenesis, neuroAIDS and the study of monocyte maturation, infection, and traffic. The goals of these studies are to define the role of macrophages in the central nervous system, and monocytes and CD8+ T lymphocytes outside the brain, contributing to pathogenesis of disease. Much of this work is done in non-human primate models. We have described target cells infected in the CNS, their turnover and replacement by cells from the blood and bone marrow, and emerging subpopulations of monocytes that expand with disease. While investigating a pathogenic role of activated/infected monocytes in the induction of brain infection and inflammation, we are currently working on immunologic agents that selectively target SIV and HIV infected, activated monocyte/macrophages. We use the CD8 lymphocyte depletion and rapid AIDS model to study the consequences of monocyte/macrophage activation and traffic, the role of viral sequences within SIV that may drive CNS disease.	Profiles - Eastern Virginia Medical School (EVMS), Norfolk, Hampton Roads Study Contact: Woong-Ki Kim, PhD, 757-446-5639, kimw@evms.edu
Veteran Aging Cohort Study (VACS)	To understand the role of comorbid medical and psychiatric disease in determining clinical outcomes in HIV infection >40,000 HIV-positive Veteran participants and a 1:2 (>80,000) age/race/site matched sample of uninfected control participants (since 1997) >7,000 VACS 9 patients (half HIV-positive participants, half HIV-negative control participants) (since 2002)	https://www.vacsp.research.va.gov/CSPEC/Studies/INVESTD-R/Veteran-Aging-Cohort-Study.asp
Women's Interagency HIV Study (WIHS)	The Women's Interagency HIV Study (WIHS) is a multi-center, longitudinal study designed to comprehensively characterize the long-term, natural and treated history of HIV infection. The core portion of the study consists of bi-annual visits which include a structured interview, comprehensive physical & gynecologic exam, and specimen collection. The WIHS was established in 1993 as a multi-center prospective cohort study of women who are either HIV-infected or at risk for HIV acquisition. WIHS plays an important role in effort to understand the current epidemiology of HIV infection, disease progression, treatment use and outcomes, and related co-morbidities among U.S. residents with HIV. Understanding differences in HIV disease and treatment outcomes between women compared to men, and in different racial and ethnic groups, is a critical public health goal.	https://www.med.unc.edu/mwccs/ Study Contact: Catalina Ramirez, MPH, CCRP Project Director, 919-966-0082, catalina_ramirez@med.unc.edu

List of HIV Cohorts

	To date, WIHS has conducted research on: novel statistics for analyzing observational cohort data; impact of viral resistance; the effect of co-infections such as hepatitis and human papillomavirus (HPV); therapy use and treatment effects in women with HIV; metabolic abnormalities and toxicities; the impact of hormonal factors on HIV disease including the transition into menopause; the effects of aging on HIV disease; behavioral research including substance use; the assessment of neurocognitive functioning, mental health and physical impairment among WIHS participants. WIHS data and specimens also provide the platform for other HIV-related NIH-funded grants. As of June 2011, almost 500 publications have resulted from WIHS-directed and/or collaborative investigations.	
Pediatric HIV/AIDS Cohort Study (PHACS)	The Pediatric HIV/AIDS Cohort Study (PHACS) is a longitudinal cohort study investigating the long-term effects of HIV and antiretroviral (ARV) medications in children and young adults who were born with HIV or born exposed to HIV. The study follows newborns, young children, adolescents, and young adults. Principal Investigator(s): George R. Seage III, DSC., MPH Study Contact: Liz Salomon, EdM, Program Director, 617-432-6762, lsalomon@hsph@harvard.edu Description of Subjects: HIV perinatally infected and exposed children/adolescents/young adults and their caregivers/ birthmoms enrolled and followed at 22 US sites. Location (Domestic vs. International): 22 sites from coast to coast including BCH (see study web site) Enrollment Period: 2007-present Enrollment Goal: 600 HIV+, 3000+ HEU, enrollment is open and ongoing Key Exclusion and Inclusion Criteria: None, multiple protocols, and sub-studies Available Biological Specimens: Blood, serum, or plasma DNA Peripheral Blood Mononuclear Cells Tissues and Stool How to Request Access: See https://phacsstudy.org/ first, then email gseage@hsph.harvard.edu directly Available Data Description: All of the above, plus cardiac echo's, DEXA's, extensive ND assessments	https://phacsstudy.org/ https://phacsstudy.org/About-Us/Contact-Us Study Contact: Liz Salomon, EdM, Program Director, 617-432-6762, lsalomon@hsph@harvard.edu
MACS/WIHS Combined Cohort Study	The Multicenter AIDS Cohort Study (MACS) / Women's Interagency HIV Study (WIHS) Combined Cohort Study (MACS/WIHS-CSS) is a collaborative research effort that aims to understand and reduce the impact of chronic health conditions—including heart, lung, blood, and sleep (HLBS) disorders—that affect people living with HIV.	https://mwccs.org/

List of HIV Cohorts

	For decades, the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health (NIH), has supported the separate MACS and WIHS cohort studies. MACS was a study of gay and bisexual men, while WIHS was a study of women who had other risk factors for HIV. In 2019, the NHLBI became the primary steward of the new MACS/WIHS-CSS. For this effort, the NHLBI is working in close collaboration with the NIH Office of AIDS Research (OAR) as well as several co-funding institutes across the NIH.	
ANCHOR Study: Anal Cancer/HSIL Outcomes Research Study, (AMC Protocol #A01)	Principal Investigator(s): Lori Panther, MD, MPH Study Contact: Lori Panther, MD, MPH, 617-927-6056, lpanther@bidmc.harvard.edu Description of Subjects: HIV+ men, women, and transgender people >35 years old Location (Domestic vs. International): University of California at San Francisco; Cornell Medical Center; Montefiore Medical Center/Albert Einstein College of Medicine; Laser Surgery Care NYC; Boston Medical Center; Anal Dysplasia Clinic MidWest; Wake Forest Medical Center Enrollment Period: 2015-2018 Enrollment Goal: 5,058 participants Key Exclusion and Inclusion Criteria: Inclusion: diagnosis of high grade squamous intraepithelial lesion(s) (HSIL) of the anus, untreated. Exclusion: history of treated anogenital HSIL or cancer. Available Biological Specimens: Blood, serum, or plasma; DNA; Tissues and Stool How to Request Access: Krista Sharma, The EMMES Corporation (the Study's Operations and Data Management Center) at 401 N. Washington Street, Suite 700, Rockville, MD 20850, telephone 301.251.1161 Available Data Description: CD4 counts; HIV viral loads; cytology results; biopsy results Optional Additional Comments: This study has started enrolling participants as of beginning of 2015. All requests for biorepository specimens should be made to EMMES, UCSF, or the National Cancer Institute Office of HIV and AIDS and Malignancy (OHAM).	https://mwccs.org/ Study Contact: Lori Panther, MD, MPH, 617-927-6056, lpanther@bidmc.harvard.edu
Botswana Prospective Cancer Cohort	Principal Investigator(s): Scott Dryden-Peterson Description of Subjects: Botswana adults with a new diagnosis of cancer Location (Domestic vs. International): Botswana Harvard AIDS Institute Enrollment Period: 2010-ongoing Enrollment Goal: 3000 Key Exclusion and Inclusion Criteria: cancer diagnosis, both HIV infected and HIV uninfected Available Biological Specimens: N/A How to Request Access: email study PI	Study Contact: Scott Dryden-Peterson, +2.677.447.2522, scott_peterson@post.harvard.edu

List of HIV Cohorts

	Available Data Description: longitudinal outcome, baseline staging (CD4, VL)	
CFAR Network of Integrated Clinical Systems (C-NICS)	Principal Investigator(s): Ken Mayer, MD Description of Subjects: 30,000 PLHIV in care at 8 HIV primary care centers Location (Domestic vs. International): Fenway Health; UNC; UAB; Case Wester; UCSD; UCSF; U Wash Enrollment Period: 2005-ongoing Enrollment Goal: open cohort, >30,000 PLHIV. Key Exclusion and Inclusion Criteria: HIV-infected and in care at one of the participating sites is required to be part of CNICS, but Fenway has had an EHR since 1997, so case-control studies with uninfected patients are also feasible Available Biological Specimens and Data: Yes, Blood, serum, or plasma, Peripheral Blood Mononuclear Cells, Other (Cell Pellets) How to Request Access: email study contact directly at cgrasso@fenwayhealth.org Link to Cohort Website: http://www.uab.edu/cnics/ Available Data Description: Demographics, risk factor, death data and longitudinal lab values (including CD4 and viral load), diagnosis, medication, encounters, and patient reported outcomes. Other Information: The CFAR Network of Integrated Clinical Systems (CNICS) research network, is a NIH sponsored study, which is the first electronic medical records-based resource network poised to integrate clinical data from the large and diverse population of HIV-infected persons. CNICS supports HIV clinical outcomes and comparative effectiveness research using data collected from patients receiving care at one of 8 US-funded Center for AIDS Research (CFAR) sites. Fenway Health is one of the eight sites and has participated in this study since 2001. CNICS directly reflects the outcomes of clinical decisions and management options made daily in the care of HIV infected individuals and is helping to evaluate HIV treatment interventions under the real world conditions of a primary care practice.	Study Contact: Ken Mayer, Tel: 617-927-6087, kmayer@fenwayhealth.org
Community Health Applied Research Network (CHARN)	Principal Investigator(s): Kenneth Mayer, MD Description of Subjects: Patients receiving primary care at participating community health centers across the U.S. Location (Domestic vs. International): Boston, MA; greater MA; New England Enrollment Period: 2007-2014 Enrollment Goal: >50,000 Key Exclusion and Inclusion Criteria: Patients with two or more visits at a participating community health center since 2007 Available Biological Specimens: N/A How to Request Access: Email study contact person directly Available Data Description: longitudonal data, labs, medications, demographics, diagnosis, insurance status, encounters	Study Contact: Ken Mayer, Tel: 617-927-6087, kmayer@fenwayhealth.org

List of HIV Cohorts

	Optional Additional Comments: CHARN is a unique network of community health centers and universities that was established to conduct patient-centered outcome research among underserved populations. It represents the first time that such a large and diverse group of community health centers has come together in this context. The Fenway node includes Fenway Health, Boston MA; Chase Brexton Health Services, Baltimore MD; Beaufort Jasper Hampton Comprehensive Health Services, Ridgeland SC. CHARN is comprised for 4 nodes: Fenway Health, AAPCHO, OCHIN, and Alliance of Chicago which represent 17 CHCs across the U.S. Each node has an academic partner: University of Washington (Fenway); Oregon Health Sciences University (OCHIN); Northwestern (Alliance); and UCLA (AAPCHO). CHARN is coordinated by the Kaiser Permanente Center for Health Research in Portland, OR.	
Cotrimoxazole safety study	Principal Investigator(s): Scott Dryden-Peterson Description of Subjects: Infants born to HIV-infected women Location (Domestic vs. International): Botswana Enrollment Period: 2008-2009 Enrollment Goal: 444 mother-infant pairs Key Exclusion and Inclusion Criteria: Inclusion: live born infants from HIV-infected mothers in Botswana Available Biological Specimens: Blood, serum, or plasma How to Request Access: Email PI Available Data Description: longitudinal outcome data, maternal health history Optional Additional Comments: biologic specimens only available for infants born to HIV-infected mothers. No maternal specimens available. Few infants HIV-infected.	Study Contact: Scott Dryden-Peterson, +2.677.447.2522, scott_peterson@post.harvard.edu
Effect on CNS with ART switch off EFV-based therapy	Principal Investigator(s): Nina Lin Description of Subjects: Effect on CNS with ART switch off EFV-based therapy Location (Domestic vs. International): Domestic, BWH (recruiting can be from MGH or BIDMC) Enrollment Period: Beginning January 2014 Enrollment Goal: unlimited Key Exclusion and Inclusion Criteria: HIV+ on ART who had been on stable EFV-based therapy, no co-infections, no prior CNS infections Available Biological Specimens and Data: Peripheral Blood Mononuclear Cells, Plasma How to Request Access: Contact Dr. Nina Lin Available Data Description: CD4, VL, PMH	Study Contact: Nina Lin, nhlin@bu.edu
Effectiveness of a cognitive behavioral intervention to	Principal Investigator(s): Lisa Michelle Butler	Study Contact: Lisa Michelle Butler,617 500 8209,

List of HIV Cohorts

support pediatric HIV diagnosis disclosure in Uganda	Description of Subjects: HIV+ children aged 7 to 12 years old & their primary caregiver (i.e., parent or primary guardian) at 6 clinics in Kampala, Uganda Location (Domestic vs. International): Kampala, Uganda Enrollment Period: March 2014 to December 2014 Enrollment Goal: 400 child-caregiver pairs (N=800) Key Exclusion and Inclusion Criteria: Children: HIV+, age 7 to 12 years old, unaware of HIV diagnosis as per caregiver report; Caregivers: Primary caregiver of the child (biological parent or primary guardian), age 18+ Available Biological Specimens: Other (DBS) Dried Blood Spot How to Request Access: email study contact directly LISA.BUTLER@CHILDRENS.HARVARD.EDU Available Data Description: CD4, VL, hair drug levels, treatment history, adherence, demographic, behavioral, psycho-social, cognitive Optional Additional Comments: ClinicalTrials.gov number NCT01773642 Data re not yet available as enrollment begins March 2014. Students or fellows interested in gaining research experience or developing sub-studies are welcome to contact the PI. DBS are collected and stored but funding for VL testing is needed. Studies using DBS will be made possible with additional funding.	lisa.butler@childrens.harvard.edu
Epidemiology of Cardiovascular Disease among People Living with HIV in Rural Uganda	Principal Investigator(s): Mark Siedner Description of Subjects: People Living with HIV and Age and Gender-matched Controls in Southwestern Uganda Location (Domestic vs. International): Mbarara University of Science and Technology, Mbarara, Uganda Enrollment Period: 2013-2016 Enrollment Goal: 500 Key Inclusion Criteria: Age greater than 40, living within catchment area of Mbarara Regional Referral Hospital, Uganda Available Biological Specimens: Blood, serum, or plasma Tissues and Stool How to Request Access: Contact PI Available Data Description: Metabolic Assays, Stool Microbiome, Inflammatory Markers, Cardiovascular Disease Surrogates (EKG, ABI, Carotid U/S)	Study Contact: Mark Siedner, 617-726-4686, msiedner@partners.org
Fenway Cohort affiliated with (North American- AIDS Cohort Collaboration on Research and Design (NA-ACCORD))	Principal Investigator(s): Kenneth Mayer, MD Description of Subjects: Fenway Health medical patients who have had at least 2 HIV primary care visits at Fenway in a 12-month period and are 18 years or older Location (Domestic vs. International): Fenway has participants from all over the New England geographic area. Fenway's facilities are located throughout Boston, MA. Enrollment Period: 1997 to present (ongoing)	Study Contact: Chris Grasso, MPH, 617-927-6018, cgrasso@fenwayhealth.org

List of HIV Cohorts

	Enrollment Goal: Presently, Fenway has over 2,600 participants. Enrollment is ongoing. Key Exclusion and Inclusion Criteria: Inclusion criteria: HIV-infected persons who are 18 years or older and have had at least 2 HIV primary care visits at Fenway in a 12-month period; and vital statistics, gender, year of birth, and first visit must be known. Exclusions: transgender, tran Available Biological Specimens: Blood, serum, or plasma Peripheral Blood Mononuclear Cells Other (Cell Pellets) How to Request Access: Email study contact person directly Available Data Description: Demographics, risk factor, death data and longitudinal lab values (including CD4 and viral load), diagnosis, medication, and encounters Optional Additional Comments: Fenway was accepted into the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) database research project in 2011. NA-ACCORD is part of the International epidemiologic Databases to Evaluate AIDS (IeDEA) which began in 2006. Comprised of 25 collaborating cohorts, NA-ACCORD is designed to be widely representative of HIV care in the United States and Canada. NA-ACCORD, with Johns Hopkins University as the lead, is one of seven regional HIV collaborations supported by the NIH as part of the International Epidemiologic Databases to Evaluate of AIDS (IeDEA).	
HIV Acute Infection	Principal Investigator(s): Eric Rosenberg Description of Subjects: HIV positive, acute or early infection Location (Domestic vs. International): Domestic Enrollment Period: 1996-ongoing Enrollment Goal: unlimited Key Exclusion and Inclusion Criteria: Inclusion - HIV antibody negative or evolving with HIV plasma viral load detected; Exclusion - HIV infected >1 year Pos. antibody with neg. within past 12 months Available Biological Specimens and Data: Yes - longitudinal sampling; Plasma, PBMC, associated clinical data including HIV plasma viral load, CD4 count, drug regimen	Study Contact: Suzane Bazner, 617-724-0070, sbazner@partners.org
HIV and Aging Cohort Study	Principal Investigator(s): Nina Lin Description of Subjects: HIV+ on ART who are </= 35 yo or >/=50yo with no hepatitis co-infection Location (Domestic vs. International): Domestic, BWH, BIDMC, MGH Enrollment Period: 2011-present Enrollment Goal: Key Exclusion and Inclusion Criteria: Started on combination ART, virally suppressed for >/=6 months, no co-infection with hepatitis B/C Available Biological Specimens and Data: Peripheral Blood Mononuclear Cells, Plasma	Study Contact: Nina Lin, nhlin@bu.edu

List of HIV Cohorts

	How to Request Access: Contact Dr. Nina Lin Available Data Description: CD4, VL, PMH	
HIV-associated Seizures and Epilepsy in Zambia	Principal Investigator(s): Omar K. Siddiqi Description of Subjects: HIV+ adults with new onset seizure Location (Domestic vs. International): Lusaka, Zambia - University of Zambia School of Medicine Enrollment Period: 2011 - 2013 Enrollment Goal: 100 Key Exclusion and Inclusion Criteria: > 18 yo, new onset seizure in last 2 weeks, 1st seizure as an adult, no prior diagnosis of epilepsy. Available Biological Specimens: Other (CSF) cerebrospinal fluid How to Request Access: email study contact directly osiddiqi@bidmc.harvard.edu Available Data Description: CD4, EEG, CSF DNA PCR, CSF CrAg, mortality, seizure recurrence, neuroimaging.	Study Contact: Omar K. Siddiqi, +260 979365956, osiddiqi@bidmc.harvard.edu
HIV Controllers	Principal Investigator(s): Bruce Walker Description of Subjects: HIV positive, HIV-RNA <2000 cop/ml, off cART Location (Domestic vs. International): Domestic Enrollment Period: 2005 - ongoing Current Accrued Enrollment: 1400 participants since 2010 maintaining a viral load below 2,000 copies/mL in absence of antiretroviral therapy Enrollment Goal: 1000 Key Exclusion and Inclusion Criteria: Inclusion HIV-RNA < 2000 copies x 3 determinations over > 12 months. Exclusion current cART Available Biological Specimens and Data: Yes, plasma, DNA, PBMC and B cell lines How to Request Access: edemers2@partners.org Mechanism for Requesting Samples: Link to Cohort Website: http://hivcontrollers.org/hivcontrollers/ Data Description: In 2010, primary and secondary analysis was completed of the genome wide association study and published in Science and Human Molecular Genetics.	Study Contact: Edward DeMers, (857) 268-7058, edemers2@partners.org
HIV Chronic Infection	Principal Investigator(s): Bruce Walker Description of Subjects: HIV positive, treated or untreated Location (Domestic vs. International): Domestic Enrollment Period: 1999-ongoing Enrollment Goal: Key Exclusion and Inclusion Criteria: Inclusion: 18-75 yo, HIV positive Available Biological Specimens and Data: plasma, DNA, PBMC and B cell lines	Study Contact: Edward DeMers, (857) 268-7058, edemers2@partners.org
HIV Research Network (HIVRN)	Principal Investigator(s): Ken Mayer Description of Subjects: HIV-infected patients aged 18 and older receiving medical care at Fenway Health. (HIVRN includes pediatric data, but Fenway Health only submits adult patient data)	Study Contact: Ken Mayer, DrPH, 617 927 6087, kmayer@fenwayhealth.org

List of HIV Cohorts

	HIV+ HIV/HCV Co-infected Location (Domestic vs. International): Fenway has participants from all over New England Enrollment Period: 2001-present Enrollment Goal: Presently, Fenway has over 3,000 participants. Enrollment is ongoing. Key Exclusion and Inclusion Criteria: Inclusion criteria: HIV-infected, at least 1 in-person medical visit, and at least 1 CD4 count in the observation period. Fenway only includes patients 18yrs and older. Available Biological Specimens: Blood, serum, or plasma, Peripheral Blood Mononuclear Cells How to Request Access: Email the Fenway study coordinator Available Data Description: Longitudinal laboratory data (including CD4 counts, viral loads), demographics, risk factors, vitals, phenotypes, vaccinations, primary care procedures, Diagnoses (ADI, MH, SA, Co-morbidities), medications, limited inpatient, outpatient, and ER visits Optional Additional Comments: Fenway is providing data to HIVRN, a national consortium of HIV care providers, whose goal is to gather and analyze data on accessibility, quality, utilization, safety, and costs of health care services provided to persons with HIV disease to inform health policy and for research. Fenway submits data annually on our HIV-infected patients. Data submitted covers a broad range of topics including, but not limited to: demographics, ARV history, ART and current medications, OI prophylaxis, infectious disease labs, vaccinations, AIDS defining illnesses, mental health and substance abuse diagnoses, and inpatient and outpatient visits. HIVRN is sponsored by AHRQ and Johns Hopkins University School of Medicine is the lead site.	
HIV Tissues	Principal Investigator(s): Douglas Kwon Description of Subjects: HIV positive and negative Location (Domestic vs. International): Domestic Enrollment Period: 2010-ongoing Enrollment Goal: 200 Key Exclusion and Inclusion Criteria: Inclusion: 18-75 yo, Exclusion: IBD, HCV Available Biological Specimens and Data: formalin fixed gut tissue, stool	Study Contact: Douglas Kwon, (857) 268-7009, dkwon@partners.org
Control of HIV after Antiretroviral Medication Pause (CHAMP)	Principal Investigator(s): Jonathan Li Description of Subjects: Post-treatment controllers Location (Domestic vs. International): United States, Canada Enrollment Period: n/a Enrollment Goal: 200 Key Exclusion and Inclusion Criteria: Discontinued antiretroviral therapy with viral loads <=400 HIV-1 RNA copies/mL at 2/3 of time points for at least 24 weeks Available Biological Specimens:	Study Contact: Jonathan Li, jli@bwh.harvard.edu

List of HIV Cohorts

	Blood, serum, or plasma DNA Peripheral Blood Mononuclear Cells How to Request Access: Email study contact Available Data Description: Clinical and immunological data Optional Additional Comments: If "Elite" is removed from the "Elite Controllers" Keyword, then it would apply to this study.	
HIV Reservoir Dynamics During Antiretroviral Therapy (The HIV Eradication and Latency [HEAL] Cohort)	Principal Investigator(s): Athe Tsibris Description of Subjects: Virologically suppressed participants with HIV Location (Domestic vs. International): Boston, MA (BWH, MGH, BMC) Enrollment Period: 2015 Enrollment Goal: 200 Key Exclusion and Inclusion Criteria: HIV infection, must be taking (or expected to begin taking) a combination antiretroviral therapy regimen, hemoglobin ≥ 8.0 g/dL. Excludes need for systemic chemotherapy, bone marrow transplant, pregnancy, and need for immunosuppressive therapy Available Biological Specimens and Data: Yes, Blood, serum, or plasma, Peripheral Blood Mononuclear Cells, Other (leukapheresis samples) How to Request Access: email HEAL PI directly Available Data Description: CD4 counts, virus loads, treatment history, duration of therapy, duration of virologic suppression. Other Information: Gut and skin biopsies will be added in future	Study Contact: Athe Tsibris, atsibris@bwh.harvard.edu
Identifying Mental Health Services Needs among HIV/AIDS-Affected Children	Principal Investigator(s): Theresa S. Betancourt Description of Subjects: Children ages 10-17 years old and their caregivers in three categories: 1) HIV+ child/adolescent, 2) HIV- child/adolescent living in a family where a caregiver is HIV+ or died due to AIDS, or 3) HIV- with no known HIV+ immediate family members Location (Domestic vs. International): Eastern Province, Rwanda Enrollment Period: 2012 Enrollment Goal: 683 participants enrolled Key Exclusion and Inclusion Criteria: Inclusion criteria: 10-17 years old and having lived in a district served by Partners In Health Rwanda for more than one month, or being a caregiver (age 18 years or older) of a child participant. Available Biological Specimens: (None) How to Request Access: email study contact directly Theresa_Betancourt@harvard.edu Available Data Description: child/adolescent mental health and resilience data	Study Contact: Theresa S. Betancourt, 617-432-5003 Theresa_Betancourt@harvard.edu
Kaposi's sarcoma treatment in Kenya and Nigeria	Principal Investigator(s): Esther Freeman Description of Subjects: Adults with HIV-related Kaposi's sarcoma in Kenya and Nigeria Location (Domestic vs. International): AMPATH (Eldoret, Kenya), Institute of Human Virology (Abuja, Nigeria)	Study Contact: Esther Freeman, efreeman@mgh.harvard.edu

List of HIV Cohorts

	Enrollment Period: 2009-2012 Enrollment Goal: All KS patients diagnosed at these sites during enrollment period Key Exclusion and Inclusion Criteria: Diagnosed with KS between 2009-2012 Available Biological Specimens and Data: Other (Skin biopsy) How to Request Access: please email study contact directly Available Data Description: CD4 Other Information: Cohort through IeDEA network	
Linkage & Retention: A Randomized Trial to Optimize HIV/TB care in South Africa	Principal Investigator(s): Ingrid V. Bassett, MD, MPH Description of Subjects: Undergoing HIV testing at 4 outpatient sites in Durban, South Africa Location (Domestic vs. International): Durban, South Africa Enrollment Period: 2010-2013 Enrollment Goal: 4903 total (1899 HIV infected, 3,004 HIV uninfected) Key Exclusion and Inclusion Criteria: Adults, presenting for outpatient care, voluntarily undergoing HIV testing Available Biological Specimens: Other (Stored sputum specimens) How to Request Access: email study contact directly ibassett@partners.org Available Data Description: AFB smear, TB culture with drug susceptibility testing, baseline CD4 Optional Additional Comments: 9 month follow up data available, including linkage and retention in HIV and TB care	Study Contact: Christopher Rowley, 617 432-3549, crowley1@bidmc.harvar.edu
Novel Strategies for Monitoring Transmitted Drug Resistance in Botswana	Principal Investigator(s): Christopher Rowley Description of Subjects: pregnant females, 18-25, and adults (male/female) 18-60 Location (Domestic vs. International): Botswana Enrollment Period: 2012-2015 Enrollment Goal: 550 participants Key Exclusion and Inclusion Criteria: Treatment-naive Available Biological Specimens: Blood, serum, or plasma Other (buffy coat) How to Request Access: email study contact Available Data Description: CD4 counts, viral loads, age, sex	Study Contact: Christopher Rowley, 617 432-3549, crowley1@bidmc.harvar.edu
Optimizing PrEP through Shared Decision Making	Principal Investigator(s): Douglas Krakower Description of Subjects: HIV-uninfected men who have sex with men Location (Domestic vs. International): BIDMC, Fenway Health, Greater Boston region (i.e., from community) Enrollment Period: 2013 to present Enrollment Goal: 100 participants Key Exclusion and Inclusion Criteria: Age 18 years or older; HIV-uninfected Available Biological Specimens: Other (None)	Study Contact: Douglas Krakower, 617/632-0758 dkrakower@bidmc.harvard.edu

List of HIV Cohorts

	How to Request Access: Email dkrakowe@bidmc.harvard.edu Available Data Description: Qualitative data; survey data Optional Additional Comments: This study will explore the decision-making process of HIV-uninfected MSM and their healthcare providers regarding the use of PrEP. A Clinical Decision Aid to optimize this decision-making process will be pilot tested with MSM and their providers.	
Preventive sexual health screening among female-to-male (FTM) transgender adult patients	Principal Investigator(s): Sari Reisner Description of Subjects: Female-to-male (FTM) transgender individuals between the ages of 21-64 years who have a cervix and who have been sexually active in the past 36 months Location (Domestic vs. International): Fenway Heatlh, Boston, MA Enrollment Period: April 2015 - July 2016 Enrollment Goal: 150 participants Key Exclusion and Inclusion Criteria: 1) Ages 21-64 years; 2) Assigned a female sex at birth and now self-identifiy as being on the FTM continuum; 3) Have a cervix; 4) Sexually active in the past 36 months Available Biological Specimens: Other (None) How to Request Access:Email study contact person directly Available Data Description: HIV Rapid Test results; RPR, GC/CT (vaginal, rectal, pharyngeal), HPV results; Cervical Pap test results Optional Additional Comments: The specific aims are as follows: Specific Aim 1: To quantitatively and qualitatively assess the acceptability, feasibility, and non-inferiority of vaginal self-swab for HPV DNA testing compared to provider cervical swab and Pap test results (cervical cytology) among sexually active FTMs. Specific Aim 2: To investigate the prevalence of other STIs among sexually active FTMs, concordance of self- and provider- swabs for STIs, and descriptively examine risk and protective factors for STI diagnosis.	Study Contact: Dana Pardee, 617-927-6371, dpardee@fenwayhealth.org
The MATCH Study of HIV and Aging	Principal Investigator(s): Monty Montano Description of Subjects: Adult males and females, 50-65 years old. If HIV+, on effective ART. Location (Domestic vs. International): Boston Metropolitan Area Enrollment Period: 2015-2016 Enrollment Goal: 200 Key Exclusion and Inclusion Criteria: Must have a CD4 count > 350 cells/mm3 and HIV viral load < 200 copies/ml. Lower extremity mobility sufficient to participate in functional assessment Available Biological Specimens: Blood, serum, or plasma; Peripheral Blood Mononuclear Cells; Tissues and Stool; Other (Muscle tissue) How to Request Access: Contact Brooke Ferguson Brawley, BBRAWLEY@PARTNERS.ORG Available Data Description: multiple immune and muscle parameters Optional Additional Comments: This is a non-randomized observational longitudinal study design. We will recruit HIV infected adults (50 to 65 years old) and demographically matched uninfected control subjects to	Study Contact: Brooke Ferguson Brawley; BBRAWLEY@PARTNERS.ORG 617-525-9195

List of HIV Cohorts

	be followed for 4 years in this 5-year study. Total enrollment will be 200 subjects. The targeted age range of 50-65 is chosen to evaluate aging HIV infected individuals at risk for early frailty in the United States. Primary outcomes are measurement of a) inflammation, b) biomarkers for aging, c) CT scans of the mid-thigh, d) fibrosis in muscle and e) levels of physical function ability.	
Mothers and Infants Botswana PMTCT trial	Principal Investigator(s): Roger Shapiro Description of Subjects: 730 mothers and infants in a Botswana PMTCT trial Location (Domestic vs. International): International, Botswana Enrollment Period: 2006-2008 Enrollment Goal: 730 Key Exclusion and Inclusion Criteria: Inclusion - HIV+, ART-naive Available Biological Specimens and Data: Yes- plasma, blood and serum Available Study Data: CD4, Viral Load, longitudinal data	Study Contact: Roger Shapiro, 617-771-0040 rshapiro@hsph.harvard.edu
Phenogenetic HIV Negative	Principal Investigator(s): Philip De Jager Description of Subjects: Self-reported healthy, 18+, recallable for blood draw based on phenotype and genotype Location (Domestic vs. International): Domestic Enrollment Period: 2006 - ongoing Current Accrued Enrollment: 1753 current participants in the study Enrollment Goal: Planning to recruit 500 new participants every 5 years in order to sustain the subject population Key Exclusion and Inclusion Criteria: Inclusion: healthy individual, no history of autoimmune disorders, 18+ Available Biological Specimens and Data: fresh blood samples, frozen serum, plasma, pbmc, dna for most How to Request Access: mailto:genestudy@partners.org	Study Contact: Laura Glick, 617-264-5947; lglick@partners.org or Tina Xue, txue@partners.org Link to Cohort Website: http://dejager_lab.bwh.harvard.edu/?page_id=2317
Routine HIV testing in an Outpatient Department in Nakivale Refugee Settlement, Southwest Uganda	Principal Investigator(s): Kelli O'Laughlin Description of Subjects: refugees and Ugandan nationals attending an outpatient department health clinic in Nakivale Refugee Settlement in SW Uganda Location (Domestic vs. International): Nakivale Clinic in Nakivale Refugee Settlement in SW Uganda Enrollment Period: 2013-2014 Enrollment Goal: 9,000 Key Exclusion and Inclusion Criteria: Inclusion criteria: 1) 18 yrs or older, 2) able to provide informed consent, 3) not already known to be HIV positive Available Biological Specimens: none Available Data Description: rapid HIV test, CD4, linkage data, retention data, demographic survey, knowledge survey	Study Contact: Kelli O'Laughlin, 617-525-9316, kolaughlin@partners.org
Tshipidi: observational study of mortality and neurodevelopment	Principal Investigator(s): Shahin Lockman and Betsy Kammerer Description of Subjects: 450 HIV-infected women and their babies, 450 HIV-uninfected women and their babies	Study Contact: Shahin Lockman Tel: (617) 771-8780, slockman@hsph.harvard.edu

List of HIV Cohorts

among HIV-exposed/uninfected vs. HIV-unexposed infants in Botswana	Location (Domestic vs. International): Gaborone and Mochudi, Botswana Enrollment Period: 2010-2012 Enrollment Goal: 950 women and their infants (1900 total) Key Exclusion and Inclusion Criteria: Women are Botswana citizens >=18 years of age, able to provide informed consent Available Biological Specimens and Data: Blood, serum, or plasma, DNA, Peripheral Blood Mononuclear Cells, Other (breast milk (limited)) Available Data Description: Longitudinal maternal/infant data for 2 years (including infant neurodevelopment); CD4, VL, heme/chem on subset	
Uganda AIDS Rural Treatment Outcomes Cohort Study	Principal Investigator(s): David Bangsberg, MD Description of Subjects: All patients over 18 years and initiating ART at the Mbarara Immune Suppression Syndrome Clinic who lived within 60 kilometers from the clinic Location (Domestic vs. International): Mbarara, Uganda Enrollment Period: 2011-2013 Enrollment Goal: 1000 participants Key Exclusion and Inclusion Criteria: Subjects must have been initiating ART, lived within the catchment area of the clinic, and be over 18 years old Available Biological Specimens: Blood, serum, or plasma; Tissues and Stool Available Data Description: CD4 counts, viral loads, stool samples Optional Additional Comments: This study is a continuation of an earlier study with similar parameters. Additionally, this study has 7 sub-studies, researching such topics as Postpartum Depression, Non-Communicable Diseases, and reproductive counseling for Serodiscordant couples. Therefore, some participants in various sub-studies are not HIV +.	Study Contact: Rachel Rifkin, 617.724.3194, rrifkin@partners.org
International AIDS Society	Founded in 1988, IAS - the International AIDS Society - is the world's largest association of HIV professionals, with members in more than 170 countries. Working with its members, the IAS advocates and drives urgent action to reduce the impact of HIV. The IAS is also the steward of the world's most prestigious HIV conferences: the International AIDS Conference, the IAS Conference on HIV Science, and the HIV Research for Prevention Conference.	https://iasociety.org/
Swiss HIV Cohort Study (SHCS)	In the early 1980s, when the first patients suffering from AIDS were treated in Switzerland, the university hospitals Basel, Bern, Geneva, Lausanne and Zurich, and the cantonal hospital St. Gallen began registering patients and freezing infected blood. In 1984, the Zurich HIV Cohort Study was founded at the University Hospital Zurich. Prof. Ruedi Lüthy, co-founder of the Zurich cohort, succeeded in winning over the other hospitals for a nationwide cohort,	https://www.shcs.ch/

List of HIV Cohorts

	so that the Swiss HIV Cohort Study (SHCS) was established in 1988. All the data collected so far in the different hospitals was compiled in the SHCS. The SHCS is a systematic longitudinal study enrolling HIV-infected individuals in Switzerland. It is a collaboration of all Swiss University Hospital infectious disease outpatient clinics, two large cantonal hospitals, all with affiliated laboratories, and with affiliated smaller hospitals and private physicians caring for HIV patients. The SHCS is representative for the Swiss HIV-epidemic. The major goal is to provide optimal patient care, reduce HIV transmission and to conduct research on HIV treatment, pathogenesis, co-infections, immunology and virus – host interactions. The two studies HIV in pregnancy and HIV in infected children are integrated in the SHCS under the name Swiss Mother and Child HIV Cohort Study (MoCHiV). It aims at preventing mother-to-child transmission and enrolls HIV-infected pregnant women and their children Both studies maintain large biobanks. The corporate form of the SHCS is a simple partnership and the collaboration is written down in a memorandum of understanding. From 1988 to 2000, the SHCS was funded by the Federal Office of Public Health (FOPH/BAG). In 2000, the SHCS was transferred to the Swiss National Science Foundation (SNSF) which since then is the major funding organization. Additional funding originates from the SHCS research foundation, the BAG and occasionally also from some international collaboration.	