Section 3. Documentation Requirements

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Study staff members are responsible for proper collection, management, storage, quality control, and quality assurance of all study-related documentation. This section contains information on the essential documents that each study site must maintain throughout the study. It also contains information related to establishing adequate and accurate participant research records for MTN-020.

3.1 Essential Documents

The DAIDS policy on *Requirements for Essential Documents at Clinical Research Sites Conducting DAIDS Funded and/or Sponsored Clinical Trials* and *E6 Good Clinical Practice: Consolidated Guidance* specifies the essential documents that study sites must maintain including MTN-020. Although all required documentation must be available for inspection at any time, all documents need not be stored together in one location.

Note: When required documents are modified or updated, the original and all modified or updated versions must be retained.

Section Appendix 3-1 presents a suggested essential documents filing structure for MTN-020. Study sites are <u>not required</u> to adopt the suggested structure but are encouraged to consider it when developing their filing approach for the study. Further clarifications of the suggested filing structure are as follows:

- Essential documents may be stored in files and/or in binders. The files/binders listed in Section Appendix 3-1 may be further subdivided, consolidated, and/or re-organized.

- It is recommended that a contents sheet be maintained and inserted as the first page(s) of each file/binder. Within each file/binder, it is recommended that documents be filed in ascending date order (most recent documents in front).
- Certain documents related to the investigational study products will be stored in site pharmacies. A listing of essential documents to be maintained in the pharmacies is provided in Section 3.3.
- To facilitate routine inspection by study monitors, certain laboratory-related essential documents should be stored in the main study essential documents files/binders (see Section Appendix 3-1). Other lab-related essential documents (e.g., lab SOPs) may be filed in site laboratories.
- The suggested filing structure assumes that MTN-020 participant research records will be stored separately from the other essential documents listed in Section Appendix 3-1. Section 3.2 below provides information on the required contents of these records.
- The MTN-020 Screening and Enrollment Log, PTID-Name Linkage Log, and Randomization/Prescription Tracking Record must be maintained in hard-copy throughout the duration of the trial unless an electronic system is 21 CFR Part 11 compliant. The suggested filing structure in Section Appendix 3-1 assumes that these logs will be stored in the study clinic or data management area throughout the screening and accrual process and not necessarily with the other essential documents listed.
- All significant communications between the study sponsor and/or management team and study sites, as outlined in Operational Guidance #3, should be printed and filed with other essential documents.

3.2 Participant Research Records

Study sites must maintain adequate and accurate participant research records containing all information pertinent to MTN-020 for each study participant. See protocol section 13.6 for further information regarding all participant information which should be stored in locked file cabinets with access limited to authorized study staff.

3.2.1 Concept of Source Data and Source Documentation

The International Conference on Harmonization Consolidated Guidance for Good Clinical Practice defines the terms source data and source documentation as follows:

The term **source data** refers to all information in original records and certified copies of original records related to clinical findings, observations, or other activities in a clinical study necessary for the reconstruction and evaluation of the trial (including all screening, enrollment and randomization activities). Source data are contained in source documents (e.g., original records or certified copies).

The term **source document** refers to original documents, data, and records (e.g., hospital records; clinical and office charts; laboratory records and notes; memoranda; participants' diaries and/or evaluation checklists; pharmacy dispensing records; recorded data from automated instruments; copies of transcriptions certified after verification for accuracy and

completeness; microfiche; photographic negatives; microfilm or magnetic media; x-rays; participant files; and records kept at the pharmacy, laboratories, and medico-technical departments involved in the study).

Source documents are commonly referred to as the documents—paper-based or electronic — upon which source data are first recorded. All study sites must comply with the standards of source documentation specified in the DAIDS policy on *Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials*. The DAIDS policy specifies both requirements and recommendations. Study sites must comply with all requirements and are encouraged, but not required, to comply with all recommendations. This document can be accessed on the MTN website under *Resources and Links*.

3.2.2 Required Source Documentation

For MTN-020, participant research records should consist of the following source documents:

- Chart notes
- Documentation that the participant provided written informed consent to screen for and participate in the study prior to the conduct of any screening or study procedures, respectively
- Documentation that the participant met the study's eligibility criteria
- Randomization tracking records and prescriptions documenting participants' random assignments
- A record of the participant's use of the investigational study products
- Pharmacy investigational product dispensing and chain of custody records (maintained in the study site pharmacy), as well as study product accountability documentation (maintained in the study clinic)
- A record of all contacts, and attempted contacts, with the participant
- A record of all procedures performed by study staff during the study (e.g. on visit checklists and/or other site-specific procedural flow sheets or chart notes)
- Local laboratory testing logs and result reports, or other as defined as a source document for a test result.
- DataFax and Non-DataFax case report forms (CRFs) and other forms provided by the MTN Statistical and Data Management Center (SDMC)
- Study-related information on the participant's condition before, during, and after the study, including:
  - Data obtained directly from the participant (e.g., interview and/or other self-reported information)
  - Data obtained by study staff (e.g., exam and lab findings)
  - Data obtained from non-study sources (e.g., non-study medical records)
- Other source documents (e.g., site-specific worksheets)

As a condition for study activation, each study site must establish an SOP for Source Documentation that specifies the source documents for all study procedures. To establish consistency in source documentation across sites the source for specific study procedures has been specified in Appendix 3-2. Supplemental information on the use of chart notes, visit checklists, and forms provided by the MTN SDMC is provided below. Detailed information on proper completion, maintenance, and storage of participant randomization and product dispensing documentation is provided in Sections 4 and 9 of this manual, and the MTN-020

Pharmacist Study Product Management Procedures Manual. Detailed information on proper completion of CRFs is provided in Section 14 of this manual.

Chart Notes: Study staff must document every contact with a study participant in a signed and dated chart note or contact log specifying the following information when necessary to document adherence to protocol requirements:

- Visit date at which a contact takes place or at which a particular procedure takes place
- Visit type (scheduled, interim, etc.)
- Purpose of the visit and location of the contact if other than the research clinic
- General status of the participant at the time of the visit

Chart notes also should be used to document the following:

- The screening and enrollment informed consent processes (if an Informed Consent Coversheet is not used)
- Procedures performed that are not recorded on other source documents
- Additional information related to clinical exam findings to ensure appropriate follow-up
- Study-specific counseling sessions and any associated referrals that are not documented on other source documents
- Other pertinent data about the participant that are not recorded on other source documents
- Reason(s) why protocol-specified procedures were not performed
- Contact attempts to follow up on participants who missed a scheduled study visit

Chart notes should be written in the order that the participant contacts occurred, but documentation of the specific times procedures occurred is not necessary unless specified in the study protocol or this manual. In the event a staff member neglects to document a participant contact in real time, an addendum to clarify that this occurred should be included in the chart note (addendums should also be signed and dated using the date they were written).

Visit Checklists: The checklists in Section 7 of this manual are convenient tools which may serve as source documentation if designed and completed appropriately. These checklists alone may not be sufficient for documenting all procedures, but can be used to indicate that the procedure was completed. Chart notes may be required to supplement this for any of the reasons mentioned above.

Laboratory: Each lab test must have a defined source document which is the first place the result is recorded or generated. Site laboratories will have a plan for the storage of these documents so that they are easily retrievable. See SSP Section 13 for more information on source documentation requirements for the lab.

Case Report Forms (CRFs): The case report forms (CRFs) for this study are designed for use with the DataFax data management system described in Section 14 of this manual. As shown in Appendix 3-3, CRFs have been designed to be used as source whenever possible. Prior to study activation, **each study site will document the CRFs used as source as well as which CRFs are not used as source in its SOP for Source Documentation.** The specifications of this SOP must be followed consistently for all study participants. In the

event that study staff are not able to record data directly onto forms designated as source documents, the following procedures should be undertaken:

- Record the data onto an alternative source document
- File the alternative source document into the participant's study chart
- Transcribe the data from the alternative source document onto the appropriate form and enter a note on the form stating the alternate source document used
- Write a chart note stating the relevant study visit date and the reason why an alternative source document was used

3.2.3 Protocol Deviations

In addition to the above, DAIDS requires that all protocol deviations be documented in participant records, along with efforts made to correct the deviations, and efforts made to prevent similar deviations in the future. The MTN policy on protocol deviations and the MTN Manual of Operational Procedures should be referenced for complete guidance on protocol deviations.

For MTN-020 the Protocol Deviation Log CRF will be used to document each protocol deviation. The Protocol Deviation Log CRF is completed and faxed to the SDMC for each reportable deviation identified. Like all CRFs, completed Protocol Deviation Log CRFs will be filed in the participant's study binder. Missed visits are considered protocol deviations per the MTN policy, however these will *not* be captured on the Protocol Deviation Log CRF for ASPIRE (the Missed Visit CRF will capture this information instead). As corrective and preventive action plans are required components of protocol deviation documentation, it is important to ensure that chart notes or other source documentation documents the associated counseling that accompanies missed visits.

If there is any question as to whether a deviation has occurred, or how it should be documented, MTN Regulatory (mtnregulatory@mtnstopshiv.org) should be consulted. Once the potential protocol deviation has been confirmed by the MTN Regulatory Department, the site will be contacted with this confirmation and ideally fax the completed CRF within 7 days. Once the CRF is faxed, the MTN Regulatory department or the study management team will follow up with the site regarding any next steps as needed.

Per Operational Guidance #4, in addition to completing and faxing the MTN-020 PD Log CRF, it is recommended that sites report in an expedited manner to IRBs/ECs PDs that pose a potential safety risk to a participant(s) and those that could affect the integrity of the study according to the local IRBs/ECs' standard operating procedures and guidelines.

It is also recommended that a complete list of all PDs occurring at the site, including PDs not meeting immediate reporting standards noted above, be submitted to the local IRBs/ECs in accordance with their reporting policies. If a local IRB/EC does not have a specific reporting policy, MTN recommends that this be done at the time of IRB renewal submission, annually or semi-annually per local requirements. These listings will be provided by MTN to the sites on request. Sites should request these PD listings from SCHARP at least two weeks prior to the planned date of submission to their local IRBs/ECs.

Note that some protocol deviations will also be considered critical events. Refer to the DAIDS Critical Event Policy and Critical Event Manual for detailed guidance on the

definition of critical events and reporting process. These documents can be accessed on the MTN Website under *Resources and Links*: http://www.mtnstopshiv.org/node/4535. The site OCSO Program Officer should be contacted with any questions related to critical events.

3.2.4 Document Organization and Participant Confidentiality

Study staff must make every effort to store all study records securely and confidentially. Study records contain the source documentation needed for the trial, and should consistently remain under control of site staff at all times. Case history records must be stored in the same manner for all participants, in areas with access limited to authorized study staff only. Study staff are responsible for purchasing file folders, binders, storage cabinets, and any other equipment or supplies needed to properly store all records.

Study-related documentation collected during the screening process should be stored in a file folder/binder for each potential participant. All screening documentation — for potential participants who eventually enroll in the study as well as for those who do not enroll or "screen out" — must be maintained and available for monitoring throughout the study. This documentation also must be available for reference should participants present to the site for re-screening. For participants who enroll in the study, screening documentation should be transferred to a separate file folder/binder that will serve as participants' study notebook for the duration of their participation in the study.

All documents contained in participant case history records must bear a participant identifier, which generally will consist of either the participant identification number (PTID) or the participant name. The PTID should be used whenever possible to maximize participant confidentiality. As a best practice, it is recommended that records bearing names or other personal identifiers, such as locator forms and informed consent forms, are stored separately from records identified by PTID. Any documents transferred or transmitted to a non-study site location — including DataFax forms— must be identified by PTID only. Care should also be taken to only refer to participants by PTID in email communication when people outside of the CRS are included. Note this is particularly relevant in cases where participants are transferred between sites and members of the management team are cc'd on communication.

Note: Regardless of whether the identifier on a particular document consists of the participant name or PTID, the original identifier may not be obliterated or altered in any way, even if another identifier is added. When necessary to maintain confidentiality, identifiers may be obliterated on copies of original source documents. For example, if medical records obtained from a non-study health care provider bear the participant's name, the original documents bearing the name must be stored unaltered with other study documents bearing the name. However, a copy of the original documents could be made, the PTID could be entered onto the copies, and then the participant name could be obliterated from the copies. Copies handled in this way could then be stored in participants' study notebooks and/or transferred or transmitted to non-study site locations.

All on-site databases and ACASI questionnaire data must be secured with password protected access systems. Any lists, appointment books, or other documents that link PTIDs to other participant identifiers (such as the PTID/Name Link Log) should be stored securely (locked cabinet/drawer if hard copy; password protected if electronic) and it is recommended in a location separate from individual participant records (that identify participant by either PTID or name). When in use, documents that link PTIDs to other participant identifiers should not be left unattended or otherwise accessible to study participants, other study clinic patients, or any other unauthorized persons.

3.3 Study Product Accountability, Chain of Custody, and Dispensing Documentation in the Pharmacy

Pharmacy staff will document the receipt and dispensing of each vaginal ring, and destruction of each unused vaginal ring. Separate accountability records must be maintained for product, per instructions provided in the MTN-020 Pharmacist Study Product Management Procedures Manual available from the MTN Pharmacist.

Pharmacy staff also will maintain in the study pharmacies a Randomization Number Tracking Record for Pharmacy and Participant-Specific Pharmacy Dispensing Record for all enrolled study participants, per instructions in the MTN-020 Pharmacist Study Product Management Procedures Manual. Study clinic staff will contribute to the documentation of product dispensation and chain of custody as described in Sections 4 and 9 of this manual.

The specifications related to document security and participant confidentiality described in Section 3.2.4 also apply to records maintained in the study pharmacies. All records must be stored securely in the pharmacies with access limited to authorized study pharmacy staff only.

To preserve the double blinding of participants' random assignments, neither study clinic staff nor study participants will be provided access to product-related documentation maintained in the study pharmacies. The following essential documents should be maintained in study site pharmacies:

- Current MTN-020 Protocol
- Investigator's Brochure for Dapivirine Vaginal Ring: current version and any subsequent updates
- Current FDA Form 1572
- Current list of authorized prescribers and staff authorized to sign Study Product Request Slips (names and signatures)
- Pharmacy Establishment Plan (DAIDS PAB approved or MTN Core Pharmacist approved)
- MTN-020 Pharmacist Study Product Management Procedures Manual and applicable SOPs for investigational study product management, dispensation and accountability
- MTN-020 SOP for product Chain of Custody
- MTN-020 PTID list (provided by the MTN SDMC)
- MTN-020 product shipping and receipt documentation, product storage temperature logs, and investigational product accountability records

- MTN-020 participant-specific records (including prescriptions and ring request slips, randomization tracking record, participant-specific dispensing record, record of receipt of participant study product and documentation of unused product returns)
- MTN-020 monitoring visit reports
- MTN-020 communications with site clinic staff, communications with the MTN Pharmacist, IPM Clinical Supply Coordinator and/or Penn Pharma (product distributor)
- MTN-020 communications with the MTN CORE and/or the MTN SDMC or other MTN-020 communications or locally-required administrative, operational, and/or regulatory documentation

3.4 Study Product Accountability and Disposal Documentation in the Clinic

Clinic staff will document the number of vaginal rings provided to the participant and the number of used and unused rings collected from the participant. Of the rings collected, it will be documented whether they were sent to the laboratory for storage or disposed of in the clinic (used rings), or sent to pharmacy for quarantine (unused rings). The Clinic Study Product Accountability Log in Section Appendix 3-5 will be used to capture this information. The Clinic Study Product Accountability Cover Page in Section Appendix 3-6 will be used to record the ultimate destruction of rings collected for disposal. Both logs must be maintained in hard copy.

3.5 Record Retention Requirements

All study records must be maintained for at least two years following the date of marketing approval for the study product for the indication in which they were studied. If no marketing application is filed, or if the application is not approved, records must be retained for two years after the US Food and Drug Administration is notified that the Investigational New Drug application for the product(s) is discontinued.

All records must be retained on-site throughout the study's period of performance, and for at least three years after completion or termination of the study. Study product records must be stored in site pharmacies, with access limited to authorized study pharmacy staff only, until the study is unblinded. DAIDS will provide further instructions for long-term storage of study records after the study is completed. Study records should not be re-located to an off-site location or destroyed without prior approval from DAIDS.

3.6 Translation Procedures

Per Sections 11.2 and 11.14 of the MTN Manual of Procedures, all study materials that are read verbatim or provided to the participant must be translated into local language, back-translated, and reviewed by FHI 360 or other members of the study management team as appropriate. Participant materials include the informed consent forms and enrollment comprehension checklist, interviewer-administered CRFs, ACASI, qualitative interviews, and other study materials developed for participant use (fact sheets, instruction sheets, community education tools, etc).

Site teams are responsible for establishing a site-specific translation SOP (a template for this can be found on the ASPIRE website under *Study Implementation Materials)*. The Translation SOP should minimally contain the following elements:

- Description of the translation and back-translation process and the quality control of it
- Who is responsible for conducting each step of this process (and whether is occurring on-site staff or through a contracted group)

All staff members involved in the translation and back-translation process should ensure that language fluency is documented on their CV on file at the research site and this responsibility is assigned per the site Delegation of Authorities Log. A standard Certificate of Translation should be issued for each set of translations conducted, indicating the specific documents that were translated (with version number/date as appropriate) as well as the individual conducting the translation.

Section Appendix 3-1
Suggested Filing Structure for MTN-020 Essential Documents

File/Binder #1: MTN-020 Protocol and Current Informed Consent Forms

1. MTN-020 Protocol (including copy of signed and dated protocol signature page): Version 1.0 and any subsequent protocol Clarification Memos, Letters of Amendment, and Amendments issued after Version 1.0
2. Currently-approved (blank) MTN-020 Informed Consent Forms

File/Binder #2: Regulatory Authority Documentation (if applicable)

3. Regulatory Authority Correspondence/Authorization/Approval/Notification of Protocol (if applicable; if more than one regulatory authority has oversight responsibility for research performed at the study site, include subsections for each authority)

File/Binder #3A; #3B: IRB/EC Documentation for each applicable IRB [IRB/EC A]; [IRB/EC B]

4. FWA documentation for IRB/EC
5. Roster of IRB/EC (if available)
6. Relevant IRB/EC Submission Requirements/Guidelines/SOPs
7. IRB Correspondence for IRB/EC: File complete copies of all correspondence to and from the IRB/EC; include all enclosures/attachments for all submissions, even if copies of the enclosures/attachments are filed elsewhere; include all approval documentation.
8. IRB approval documentation; include stamped consents if possible

File/Binder #4: Product Safety Information

9. Investigator's Brochure for Dapivirine Vaginal Ring: current version and any subsequent updates
10. Product Safety Information/Reports/Memos

Notes:

- Expedited adverse event reports will be stored in participant study notebooks.
- Documentation of IRB/EC submission of above-listed documents (if applicable) will be maintained in the relevant IRB/EC Files/Binders (i.e., File/Binder #3A and #3B).

File/Binder #5: MTN-020 Study-Specific Procedures (SSP) Manual

11. Final version 1.0 and any subsequent updates

Notes:

- For this reference copy of the SSP Manual, do not discard outdated pages or sections when updates are issued; retain all versions of all pages as a complete historical record.

File/Binder #6: MTN-020 Study-Specific Standard Operating Procedures

12. Final approved version of each site specific SOP, and any subsequent updates to each

File/Binder #7: MTN-020 Staffing Documentation

13. FDA Form 1572 (copy of original and dated form submitted to the DAIDS Protocol Registration Office (PRO), and any subsequent updates)
14. Investigator of Record CV (copy of CV submitted to the DAIDS PRO; ensure that the CV is current prior to initiating the study; CVs should be signed and dated to document at least annual updating)
15. Financial Disclosure Forms (original signed and dated forms, and any subsequent updates)
16. Study Staff Roster (original submitted to MTN CORE for study activation, and any subsequent updates)
17. Study Staff Identification and Signature Sheet (if not combined with staff roster; original and any subsequent updates)
18. Study Staff Delegation of Duties (if not combined with staff roster; original and all updates)
19. CVs for Study Staff other than the IoR (ensure that all CVs are current prior to initiating MTN-020; it is recommended that CVs be signed and dated to document at least annual updating)
20. Study Staff Job Descriptions
21. Documentation of Study Staff Training

Section Appendix 3-1
Suggested Filing Structure for MTN-020 Essential Documents

File/Binder #8: Local Laboratory Documentation

22. Local Laboratory Certification(s), Accreditation(s) and/or Validation(s): file documentation current at time of study activation and all subsequent updates
23. Local Laboratory Normal Ranges: file documentation of relevant normal ranges for all protocol-specified tests current at time of study activation and all subsequent updates
24. Laboratory Manager CV (or cross-reference to CV contained in File/Binder #7)

Note:

- It is recommended that a cross-reference be included in this file/binder specifying the storage location(s) of other lab-related essential documents filed in the local lab(s).

File/Binder #9: Monitoring Visit Documentation

25. Monitoring Visit Log
26. Initiation and Monitoring Visit Reports and Documentation of Response to Visit Findings

File/Binder #10: Documentation of Other MTN Site Visits

27. MTN CORE Site Visit Reports and Documentation of Response to Visit Findings
28. MTN SDMC Site Visit Reports and Documentation of Response to Visit Findings
29. MTN Network Lab Site Visit Reports and Documentation of Response to Visit Findings
30. Other Site Visit Reports and Documentation of Response to Visit Findings

File/Binder #11: Study-Related Sponsor Communications

31. Study-Related Communications to and from DAIDS
32. Communications to and from DAIDS RSC (includes copies of all submissions to the DAIDS PRO)

Notes:

- Communications related to individual MTN-020 study participants will be filed in individual participant study records.
- Product-related communications with MTN Pharmacist (and its contractors) will be stored in the study pharmacy.

File/Binder #12: Other Study-Related Communications

33. Study-Related Communications to and from MTN CORE
34. Study-Related Communications to and from MTN SDMC
35. Study-Related Communications to and from MTN Network Lab
36. Other Study-Related Communications

Notes:

- Communications related to individual MTN-020 study participants will be filed in individual participant study records.
- Product-related communications with MTN Pharmacist (and its contractors) will be stored in the study pharmacy.

File/Binder #13: Study Site Staff Meeting Documentation

37. MTN-020 Staff Meeting Agendas, Participant Lists/Sign-In Sheets, and Summaries

File/Binder #14: Conference Call Documentation

38. Protocol Team Conference Call Summaries
39. Community Working Group Conference Call Summaries
40. Summaries of Other Conference Calls

File/Binder #15: DAIDS and Other Reference Documentation

41. DAIDS Protocol Registration Policy and Procedures Manual
42. Manual for Expedited Reporting of Adverse Events to DAIDS
43. US Regulations Applicable to Conduct of MTN-020 (45 CFR 46; 21 CFR 50, 54, 56, and 312)
44. Any other relevant manuals or reference documents

File/Binder #16: Site-Specific Study Activation Documentation

45. Site-Specific Study Activation Notice and supporting documentation

File/Binder #17: Data Collection Tools

45. Case Report Forms (CRFs)
46. Other data collection tools, as needed (i.e. In Depth Interview (IDI) guides)

Section Appendix 3-2
Source Documentation of Study Procedures

Note that items in **bold are required source documents for listed study procedure/evaluation. Other source documents listed are recommended, but site should specify actual source document as needed in the Source Documentation SOP.

Evaluation/Procedure	Source Document(s)
ADMINISTRATIVE AND REGULATORY	
Obtain informed consent	**Signed and Dated Informed Consent forms** Informed Consent Coversheet (or chart note) **Informed Consent Comprehension Checklist**
Assign a unique Participant Identification (PTID) number	**MTN-020 PTID-Name Linkage Log**
Assess and/or confirm eligibility	**Eligibility Criteria CRF** (item 1)
Collect/review/update locator information	Site locator documents (collect/update) Visit checklist (review)
Randomization	**MTN-020 Randomization/Prescription Tracking Record**
Provide reimbursement	Visit checklist, site-specific reimbursement log, and/or chart note
Schedule next visit	Visit checklist and/or chart note
BEHAVIORAL	
Contraceptive counseling	Chart note and/or site-specific counseling worksheet
Protocol adherence, including VR adherence counseling	Chart note and/or site-specific counseling worksheet
HIV/STI risk reduction counseling	Chart note and/or site-specific counseling worksheet
HIV pre- and post-test counseling	Chart note and/or site-specific counseling worksheet
Behavioral assessment includes sexual activity, condom use, and intravaginal practices	Completed interviewer-administered CRFs: **Baseline Behavior Assessment** **Baseline Vaginal Practices** **Behavior Assessment** **Vaginal Practices** **Ring Worries** **Social Influences Assessment** **Study Exit Assessment** ACASI completion documented on**: Enrollment and Follow-up ACASI Tracking CRFs**
Product adherence assessment	**Ring Adherence CRF**
Acceptability assessment	**Behavior Assessment CRF**
Social harms assessment	**Behavior Assessment CRF** (assessment) **Social Impact Log CRF** (source for actual event) Chart Note
CLINICAL	

Medical and menstrual history	**Pre-existing Conditions CRF** (all baseline conditions including clinical evaluations will be summarized here) **Adverse Experience Log and Grade 1 Adverse Experience Log CRFs** (all follow-up conditions including abnormal findings from clinical evaluations will be documented on one of these CRFs) Chart Notes *Source documentation for participant reported medical/menstrual history:* **MTN-020 Baseline Medical History Questions** **Screening Menstrual History CRF** **Baseline Family Planning CRF** **Family Planning CRF** Pregnancy Report and History CRF (source if relevant medical records are not available) Pregnancy Outcome CRF (source if relevant medical records are not available) Chart Notes
Concomitant medications	**Concomitant Medications Log CRF**
Physical examination	**Screening Visit Physical Exam CRF** **Enrollment Abbreviated Physical Exam CRF** **Abbreviated Physical Exam CRF**
Pelvic exam	**Pelvic Exam Diagrams** **Screening Pelvic Exam CRF** (source for cervical ectopy) **Pelvic Exam CRF** (source for cervical ectopy)
Prescribe contraceptives	Chart Note and/or prescription
Disclose available test results	Chart note and/or visit checklist
Record/update AEs	**Adverse Experience Log and Grade 1 Adverse Experience Log CRFs** Chart note
Treat or prescribe treatment for UTIs/RTIs/STIs or refer for other findings	Chart notes and/or prescription Referral Letter
LABORATORY	
hCG	Site-specific lab requisition form Site testing log/results report
Urine culture	Site-specific lab requisition form Lab result report
NAAT for GC/CT	Site-specific lab requisition form Lab result report
HIV-1 Serology	Site-specific lab requisition form Site testing log/results report (rapids) Lab result report (WB/HIV RNA)
CBC with platelets	Site-specific lab requisition form Lab result report
Chemistries	Site-specific lab requisition form Lab results report

Syphilis serology	Site-specific lab requisition form Lab result report
Plasma	Site-specific lab requisition form or chart note
Rapid test for Trichomonas	Site-specific lab requisition form Site testing log/results report
Herpes lesion testing	Site-specific lab requisition form Lab result report
Vaginal fluid pH	Site testing log/results report, chart note, visit checklist, or Screening STI Test Results/STI Test Results CRFs
KOH wet mount for candidiasis	Site testing log/results report
Saline wet mount for BV	Site testing log/results report
Gram stain collection	Site-specific lab requisition form, chart note, or visit checklist
Vaginal fluid collection	Site-specific lab requisition form, chart note, or visit checklist
Pap Smear interpretation	Site-specific lab requisition form Lab results report
Endocervical swab collection	Site-specific lab requisition form, chart note, or visit checklist
STUDY PRODUCT/ SUPPLIES	
Provision of study specified condoms	Site-specific counseling worksheets or visit checklist
Provision of study VR instructions	Chart notes or Visit checklist or site-specific counseling worksheet
Provision of one study VR for insertion with white zip bag	**Enrollment CRF** (Enrollment) **Ring Collection/Insertion CRF** (Follow-up) Chart Note and/or Visit Checklist (white zip bag provision)
Participant or clinician/designee to remove used study VR	**Ring Collection/Insertion CRF** Chart note or Visit checklist
Digital exam(s) by clinician to check VR placement	Chart note or Visit checklist
Demonstrated attempt to remove and reinsert the ring	Chart note or Visit checklist
Collection of used study VR	**Ring Collection/Insertion CRF** **Clinic Study Product Accountability Log**
Dispense a bottle of water, at select sites with capacity	Chart note or Visit checklist
OTHER	
Protocol Deviations	**Protocol Deviation Log CRF**
A record of all contacts, and attempted contacts, with the participant	Missed Visit CRF Site-specific contact/outreach/retention logs and/or chart notes
A record of all procedures performed by study staff during the study	Visit checklists, chart notes, and/or other site-specific flow sheets
Participant Demographics	**Demographics CRF**
Staff-initiated Study Product Holds and Permanent Discontinuations	**Product Hold/Discontinuation Log CRF**

Section Appendix 3-3
CRFs Used as Source Documents

Unless otherwise noted in the Comments column, the CRF is source for all form items.

CRF Name	CRF Acronym	Comments
Abbreviated Physical Exam	APX-1	
Adverse Experience Log	AE-1	
Baseline Behavior Assessment	BBA-1	
Baseline Family Planning	BFP-1	
Baseline Vaginal Practices	BVP-1	
Behavior Assessment	BA-1	
Concomitant Medications Log	CM-1	
Demographics	DEM-1	
Eligibility Criteria	ECI-1	Screening and Enrollment Log may be used for all items except item 1
Enrollment Abbreviated Physical Exam	EPX-1	
Enrollment Behavior Eligibility	n/a	Non-DataFax
Family Planning	FP-1	
Follow-up ACASI Tracking	FAT-1	
Grade 1 Adverse Experience Log	GAE-1	
HIV Confirmatory Results	HCR-1	Source for item 5.
Missed Visit	MV-1	
Monthly Laboratory Results	LRM-1	Source for items 5a and 5b
Participant Receipt	PRC-1	
Participant Transfer	PT-1	
Pelvic Exam	PE-1	Source for items 2 and 3.
Pelvic Exam Diagrams	n/a	Non-DataFax
Pre-existing Conditions	PRE-1	
Pregnancy Outcome	PO-1	Source if relevant medical records are not available.
Pregnancy Report	PR-1	
Prevention Study Experiences	PSE-1	
Prior Trial Participation	PTP-1	Source for items 1 and 2-5
Product Hold/Discontinuation Log	PH-1	
Protocol Deviation Log	PDL-1	
Quarterly Laboratory Results	LR-1	Source for severity grade and AE items
Ring Adherence	RA-1	
Ring Collection/Insertion	RCI-1	
Ring Worries	RW-1	
Screening Behavior Eligibility	n/a	Non-DataFax
Screening Laboratory Results	SLR-1	Source for severity grade
Screening Menstrual History	SMH-1	
Screening Pelvic Exam	SPE-1	Source for item 2
Screening Specimen Storage	SSS-1	Source for item 2a
Screening STI Test Results	SST-1	May be used as source for pH only

Section Appendix 3-3 (continued)
CRFs Used as Source Documents

CRF Name	CRF Acronym	Comments
Screening Visit Physical Exam	SPX-1	
Social Impact Log	SIL-1	
Social Influences Assessment	SOC-1	
Specimen Storage	SS-1	Source for item 2a
STI Test Results	STI-1	May be used as source for pH only
Study Exit Assessment	SEV-1	
Termination	TM-1	
Vaginal Practices	VP-1	
Visit Summary	VS-1	Source for items 1-3

Section Appendix 3-4
CRFs Not Used as Source Documents

CRF Name	CRF Acronym	Comments
End of Study Inventory	ESI-1	All items are administrative and based on other CRF completion.
Enrollment	ENR-1	Consent forms are source for items 1-3; lab testing logs/result reports are source for items 4-5, Randomization/Prescription Tracking Record is source for items 6-8, visit checklists/chart notes source for items 9-12
PUEV Laboratory Results	LRP-1	Site testing logs/lab result reports are source.
Seroconverter Laboratory Results	SCR-1	Site testing logs/lab result reports are source; MTN-015 screening and enrollment log is source for item 1

MTN-020 PARTICIPANT-SPECIFIC RING ACCOUNTABILITY RECORD

Participant ID: ☐☐☐–☐☐☐☐☐–☐

Instructions: Complete one row for each ring provided to the participant. Record the Date, Visit Month, Staff Initials and Date. When the participant comes to her next visit and the ring is returned (or expected to be returned), complete the Date Returned, Visit Month, the appropriate Ring Status, Staff Initials and Date. This information should also be recorded in the event of an off-site visit if the ring is collected. Recording the Ring Status: If a ring is returned and set aside for destruction, check the box for that option and record the destruction bin #. If a ring is returned and set aside for storage, check the box for that option and record the date the ring was sent to the lab. If an unused ring was returned, check the box for that option and return the ring to the pharmacy on the same day. If a ring is not returned as expected, check the box for that option. Record Staff Initials and Date. Update if the ring is returned. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction. Comments may be entered at any time.

	PROVIDED				RETURNED					
Ring	Date (dd-MMM-yy)	Visit Month (##.#)	Staff Initials	Date	Date Returned (dd-MMM-yy)	Visit Month (##.#)	Ring Status	Staff Initials	Date	Comments
1							☐ Used ring for destruction: bin # ________ ☐ Used ring for storage: date to lab________ ☐ Unused ring to pharmacy ☐ Ring not returned			
1							☐ Used ring for destruction: bin # ________ ☐ Used ring for storage: date to lab________ ☐ Unused ring to pharmacy ☐ Ring not returned			
1							☐ Used ring for destruction: bin # ________ ☐ Used ring for storage: date to lab________ ☐ Unused ring to pharmacy ☐ Ring not returned			
1							☐ Used ring for destruction: bin # ________ ☐ Used ring for storage: date to lab________ ☐ Unused ring to pharmacy ☐ Ring not returned			
1							☐ Used ring for destruction: bin # ________ ☐ Used ring for storage: date to lab________ ☐ Unused ring to pharmacy ☐ Ring not returned			

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Clinic Study Product Accountability Log Cover Page

Name of Site:		**DAIDS Site Number:**	
Protocol Title:	**MTN-020: A Multi-Center, Randomized, Double-Blind, Placebo-Controlled Phase 3 Safety and Effectiveness Trial of a Vaginal Matrix Ring Containing Dapivirine for the Prevention of HIV-1 Infection in Women (ASPIRE)**		
Site Investigator:		**Phone Number:**	

Destruction Container Code	Date Sent for Destruction	Clinic Staff Initials	Date of Destruction	Clinic Staff Initials	Comments

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