

## Section 13. Data Management

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This SSP section describes general data management requirements for MTN-016, including how to complete, store, and transmit case report forms using DataFax, the system for data management used by the Statistical and Data Management Center (SDMC) for this study. This SSP section should be used in conjunction with DAIDS and study site SOPs when reviewing all aspects of data management related to MTN-016. For questions about this section or about general data collection policies, procedures, or materials, please contact the MTN-016 Project Manager.

For this study, the SDMC is SCHARP (the Statistical Center for HIV/AIDS Research and Prevention). SCHARP is located in Seattle, WA, USA, and is in the US Pacific Time (PT) time zone. The SCHARP MTN-016 team members, along with their job roles and e-mail addresses, are listed below.

<b>Role on MTN-016</b>	<b>Name</b>	<b>E-mail address</b>
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### 13.1 DataFax Overview

DataFax is the data management system used by SCHARP to receive and manage data collected at study sites. The site transmits an electronic image of each case report form (CRF) to SCHARP DataFax, and the original hard copy CRF is retained by the site.

Case report forms can be transmitted to SCHARP DataFax in one of two ways:

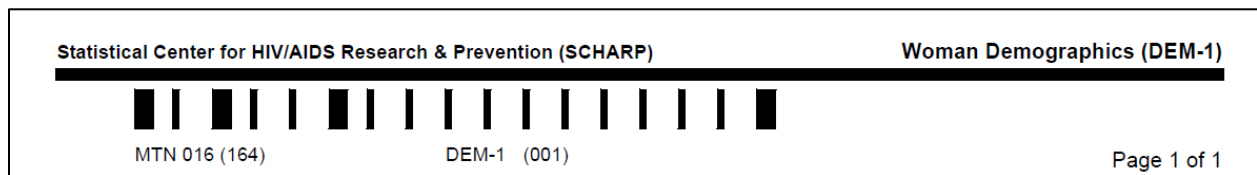
1. faxed using a fax machine connected to a land phone line (**fax to phone number 206-667-4805**) or
2. faxed using a fax machine connected to the internet (**fax to e-mail <datafax@scharp.org>**). ***This is the preferred method of transmission.***

SCHARP's Technology Systems and Services (TSS) group is available to consult with the site to determine the best method for data transmission. The SCHARP TSS group should be contacted (**support@scharp.org**) anytime the site has technical questions or problems with their fax equipment.

### 13.1.1 Receiving CRFs

Once a CRF image is received by SCHARP DataFax, DataFax identifies the study to which each CRF belongs using the barcode at the top of the form (**Figure 1**). Thus, it is important to not obscure, mark over, or punch holes through this barcode.

**Figure 1:** Example of Barcode



DataFax reads the data using Intelligent Character Recognition and transfers the data into the appropriate study database. DataFax processes images by separating a fax into individual pages, adjusting each page to correct for proper alignment and rotation.

### 13.1.2 Quality Control

Each CRF is reviewed by at least two members of SCHARP's Data Operations Group. Problems such as missing or potentially incorrect data (for example an out-of-range value) are identified and marked with a Quality Control (QC) note. [**Please note:** CRFs will only show up on a QC Report once this review stage has been completed by SCHARP staff, even though CRFs may have already been received by DataFax.] QC notes are then compiled into QC reports that are e-mailed to the study site on a regular basis. The QC report will also show information on missing pages and overdue visits. For more information on QC reports see SSP Section 15.

### 13.1.3 Anatomy of a QC Report

The first page of every QC report is the cover letter, written to the site by the SCHARP Data Coordinator. The cover letter serves the following purposes:

- identifies the QC report on the following pages,
- alerts the site to trends in data quality that may need attention, and
- lists the individuals to whom the QC report is being sent (this includes site staff and SCHARP staff).

The second page of the QC report begins with the Fax/Refax List, which lists the QCs. Typically QCs are sorted by participant ID. Each QC note includes the following:

- participant ID
- visit code (or page number, if the CRF is a log form)
- CRF acronym
- query text (if needed)

- value that was written on the CRF by the site (if present)
- QC problem type

The QC report may also contain a Question and Answer (Q&A) List. The Q&A List includes QCs with extra space for site staff to translate the QC into their local language. These Q&A QCs may also be used to describe more complex QC issues.

#### 13.1.4 Resolving QCs

Upon receipt of the QC Report from SCHARP, site staff should review the report and correct and/or clarify data on the study CRFs. The revised CRFs (but not the QC Report itself) should be retransmitted to SCHARP DataFax as soon as possible. Once received, an additional electronic copy of the CRF is saved in the DataFax database and SCHARP staff review the newly corrected pages and resolve the QCs. If corrected CRFs are not received and entered by SCHARP before the next QC report is generated by the Data Coordinator, the QC note(s) may appear again on subsequent QC Reports.

If a change is made to a CRF but the updated page is not retransmitted to SCHARP DataFax, the change will not be reflected in the database and the study database will continue to contain incomplete or incorrect data. Therefore, it is very important that the site retransmit updated CRF pages to SCHARP DataFax **any time** a change is made to data, regardless of whether or not the change was made in response to a QC report.

Periodically a Data Management Quality (DMQ) Report will be shared with the study team. This “QC metric” report includes overall information on a site’s data management performance, such as average number of days to fax in CRFs, total number of QCs identified, and percent QCs resolved. See SSP Section 15 for more information.

## 13.2 Case Report Forms (CRFs)

### 13.2.1 CRF Distribution

Case report forms can be distributed as pdf form sets or CRFs can be printed at SCHARP and mailed to sites. For MTN-016, the forms live on SCHARP’s web-portal, Atlas:

<https://atlas.scharp.org/cpas/project/MTN/016/begin.view?>

The forms are organized by visit and appear as “visit packets”. Each visit packet contains all of the required CRFs for the visit. For example, the Woman Screening and Enrollment packet includes all CRFs listed for this visit in the Case Report Form Completion Schedule – Women table (Table 13-5). In addition to form packets, bulk supplies of “as needed” CRFs are also located on Atlas (for example, Woman Subsequent Consent, Infant HIV Test Results, Social Harms Assessment Log, etc.). Sites can download and print the forms whenever they need them. Printing instructions are included on Atlas, in the “Other Documents” section.

### 13.2.2 Updating Individual CRFs or Form Sets

If it becomes necessary to modify or add an individual CRF or entire form set after it has been released to the sites, SCHARP will make the revision, change the version date on only the specific CRF with the edit, and update all affected form sets with the modified CRF. SCHARP will email the sites once the updated forms or form sets are available. The site must destroy all unused copies of the old version of the form.

### 13.2.3 Standard CRF Elements

Most case report forms contain standard CRF elements such as a line for recording staff initials and dates, and boxes for recording participant identification numbers, visit codes or page numbers. The format of these elements may vary from study to study, so it is important to pay attention when completing these items. An explanation of the standard CRF elements can be found below.

### 13.2.4 Staff Initials and Date

Every DataFax CRF includes a line in the lower-right corner of each page for a staff member's initials and the date when the form was completed. The site staff person who initially completes the form must record his/her initials and the date in the space provided. When more than one staff member records data on a CRF, the site should designate the staff member who has primary responsibility for the form. This individual completes the staff initials/date field. The individual not identified in the staff initials/date field should write his/her initials and date next to each data element for which he/she is responsible. It is acceptable to bracket a section an initial and date once for that entire section.

### 13.2.5 Participant IDs

DataFax uses a unique participant identification number (PTID) to identify each study participant in the database. SCHARP provides each site with a list of PTIDs prior to study start-up. The site should assign one PTID to each study participant enrolled in the study. Site staff are responsible for maintaining a log linking PTIDs to participant names (PTID-Name Link log) in accordance with Section 3 of this manual.

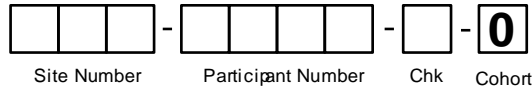
The PTIDs should be assigned in sequential order, and the site should ensure that each PTID is only assigned once. Once a participant has received a PTID, she maintains the same PTID throughout the entire study. Specific procedures for assigning PTIDs (who will assign the PTIDs, where the PTID-name log will be stored, etc.) should be noted in the site's Data Management SOP.

PTID boxes are located near the upper left corner of each DataFax CRF. On multiple page CRFs, the PTID must be filled in on each page.

The PTIDs used for this study are nine digits and formatted as "WWW-XXXX-Y-Z." The PTID consists of four parts: the site number (WWW), the participant number (XXXX), a numerical check digit (Y) and the cohort number (Z). The check digit (Y) is a number generated by SCHARP along with the participant number (XXXX), and helps ensure that the correct PTID is recorded. The cohort number (Z) is used to identify each participant as the woman (0) or infant (1, 2, 3, etc.)

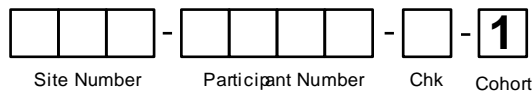
Below are examples of the PTID structures used in MTN-016.

### Mother Participant ID



The cohort number for women will always be “0.”

### Infant Participant ID



The Infant PTID is identical to its mother’s PTID with the exception of the last digit, the cohort number. For infants, the cohort number will be 1, 2, 3, etc. For the first infant born **and enrolled** to a woman enrolled in MTN-016 the cohort number will be “1.” For the second infant born **and enrolled** to a woman enrolled in MTN-016 the cohort number will be “2.” If the woman (for example, PTID 301-1234-9-0) has multiple infants throughout her enrollment in MTN-016, but only chooses to enroll the 1st and 4th born, the PTIDs for the enrolled infants will be 301-1234-9-1 and 301-1234-9-2, respectively.

### 13.2.6 Visit Codes

DataFax CRFs usually include boxes in the upper right corner for a visit code. DataFax uses this number to identify the visit at which the CRF was completed.



However, not all CRFs include boxes for visit codes. If a form is only completed and transmitted once during a study (e.g., the Woman Demographics CRF), no visit code box will be provided; the visit code will be automatically assigned by DataFax.

**Please remember:** For specimen collection, the visit code and date on the CRF must match the visit code and date in the LDMS database.

All study visit codes for MTN-016 are listed in the table below (**Table 13-1**).

**Table 13-1: MTN-016 Visit Codes**

	Study Visit	Visit Code
MOTHER	Screening and Enrollment	1.0
	Quarterly Visit #1	2.0
	Quarterly Visit #2	3.0
	Quarterly Visit #3	4.0
INFANT	Newborn/Initial Visit	1.0
	Month 1 Visit	2.0
	Month 6 Visit	3.0
	Month 12 Visit	4.0

**13.2.7 Page Numbers**

Some CRFs, such as log forms (e.g., Social Harms Assessment Log), may include boxes in the upper right corner for page numbers, as shown below:

Page 

--	--

Page numbers should be assigned in sequential ascending order, starting with 01, and should never be changed unless instructed by SCHARP. In the example of the Social Harms Assessment Log, the participant’s first social harm reported would be page 01, the second social harm reported would be 02, etc. This numbering is followed throughout a participant’s entire duration in the study, regardless of the visit when the social harm is reported.

Note: For multiple pregnancies, **do not restart page numbering with a subsequent consent (i.e. pregnancy cycle)**. For example, if a participant reported 2 separate social harms (pages 01 and 02) during her first pregnancy, and then during her second pregnancy she reports another social harm, the newest social harm will be page 03. Please see section 13.6.1 for more information on pregnancy cycles.

**13.2.8 Pregnancy Number**

Some CRFs for Women in MTN-016 also include boxes in the upper right hand corner for the pregnancy number, as shown below:

--	--

Pregnancy #

Pregnancy number is synonymous with *pregnancy cycle* (see section 13.6.1). Women in MTN-016 may have multiple pregnancy cycles; that is a woman may have more than

one eligible and enrolled pregnancy during her participation in MTN-016. The first enrolled pregnancy will be Pregnancy Number 01. The next eligible **and enrolled** pregnancy will be Pregnancy Number 02, etc. If the woman participant has multiple pregnancies throughout her enrollment in MTN-016, but only chooses to consent for her 1st and 3rd pregnancies, the Pregnancy Numbers for the eligible and enrolled pregnancies will be 01 and 02, respectively. The CRFs for the infant participants do not include the Pregnancy Number.

### 13.2.9 Outcome Number

On the Pregnancy Outcome CRF you will also find a box for an “Outcome Number”. The outcome number refers to the number of outcomes from any given pregnancy. A pregnancy outcome can be an infant or a fetus. For a single baby or fetus, the outcome is 1. The conception of twins will result in two outcomes. See the instructions on the back of the Pregnancy Outcome CRF for more information.

### 13.2.10 Non-DataFax CRFs

For some studies, the site may receive non-DataFax forms from SCHARP (e.g. the Woman Medical History Log). These forms will be easily identifiable because there will be no barcode along the top of the CRF. In place of the barcode, the following text will appear: “Not a DataFax form. Do not fax to DataFax.”

These forms should **not** be transmitted to SCHARP DataFax. Instead, they should be kept in the participant’s file as a record of the activities recorded on the form. When applicable, the guidelines described above for all CRFs should also be applied when completing non-DataFax CRFs as well.

### 13.2.11 Form Storage

Specifications for form storage will be detailed in the site’s MTN-016 Data Management SOP. It is recommended that, for each participant, study CRFs be stored in a hard-cover notebook. SCHARP can provide a template for use in creating notebook cover labels and spine labels and can also provide a template that can be used to create tab dividers.

It is suggested that Concomitant Medications Log forms be kept in their own tabbed sections within the participant study notebook. This makes page numbering and updating of these forms easier than if these forms are stored by visit within the participant’s study notebook.

### 13.2.12 Printing CRFs

CRF printing instructions are included on the MTN-016 Atlas home page: <https://atlas.scharp.org/cpas/project/MTN/016/begin.view?>

**DO NOT PRINT CRFS ON COLORED PAPER.** Certain colors of paper do not transmit well, thus making it difficult for DataFax to read the data from those CRFs into the database.

## 13.3 CRF Completion Guidelines

### 13.3.1 General Guidelines

Based on the use of electronic transmission of case report forms and Good Clinical Data Management Practices (GCDMPs), the following guidelines should be used for completing DataFax CRFs:

1. Read and follow all form instructions carefully.
2. Use a black or dark blue medium ballpoint pen. Do not use any other type of writing tool.
3. Use only one color pen per form. That is, do not begin completing a form using a blue pen and then switch to a black pen during the same form completion session.
4. Press firmly when recording data or writing comments.
5. Print all data and comments legibly by hand.
6. Do not use cursive/script handwriting, as it can be difficult to read.
7. Write numbers as large as possible while staying within the boundaries of the boxes.
8. Use the units of measurement that are requested on the form.
9. Record data on the front of CRFs only. DataFax cannot read the back of CRFs.
10. Record a response for every item unless instructed otherwise by a skip pattern.
11. Record responses and comments in English, unless stated otherwise.
12. If the lines provided for written responses are not long enough, continue in another blank area of the form (within the page margins).
13. Mark only one answer except when given the instruction “Mark all that apply.”
14. In general, do not record data or make marks in the margins at the top, bottom, or sides of the CRF.
15. Do not type data onto CRFs.
16. Do not obscure, mark over, or punch holes through the barcode at the top of each CRF.
17. Never use correction fluid (“white-out”) or correction tape on CRFs.
18. The site staff member who initially completes the CRF **must** record his/her initials **and** the date in the space provided in the bottom right-hand corner of each CRF page.
19. Remove any paper clips, staples, or other attachments before transmitting CRFs.

### 13.3.2 Marking Response Boxes

Many items on DataFax CRFs have a box or series of boxes for recording a response. Mark the box clearly with an **X**. Do not fill in the box with shading or mark it with a slash or other character.



**Correct:**



**Incorrect:**



Mark only one response box for each item unless the “Mark all that apply” instruction is present.

### 13.3.3 Recording Numbers

Some questions on DataFax CRFs include boxes for recording a numeric response. DataFax can only read the numbers in these boxes if they are recorded clearly. The following instructions should be followed when recording numeric responses:

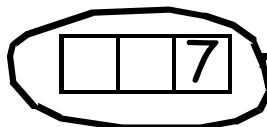
1. Right justify all numbers and fill in any blank leading boxes with zeroes. If boxes are left blank, a QC note will be applied asking for the boxes to be filled in.

The following example shows how a value of 7 is recorded in three response boxes:

**Correct:**



**Incorrect:**



→ This example would result in a QC note.

2. Write the number as large as possible while staying within the boundaries of the box.

In the following example, the 4 could be misinterpreted as a 7 or a 1 because DataFax can only read what is *inside* the box:

**Correct:**



**Incorrect:**



3. Write the number simply, with few loops.

The following example shows the format in which numbers will be most easily read by DataFax. Also included are some commonly used formats that may be difficult for DataFax to identify.

**Easily Identified:**

0 1 2 3 4 5 6 7 8 9

**Difficult to Identify:**

Ø 1 2 3 4 7

**13.3.4 Recording Dates**

Dates are recorded using the “dd MMM yy” format, where “dd” represents the two-digit day, “MMM” represents the three-letter abbreviation of the month (in capital letters), and “yy” represents the last two digits of the year.

The month field must be filled in with the three-letter abbreviation *in English* in order for the date to be read in DataFax. Abbreviations for the months in English are shown below (Table 13-2).

**Table 13-2: Month Abbreviations**

Month	Abbreviation
January	JAN
February	FEB
March	MAR
April	APR
May	MAY
June	JUN
July	JUL
August	AUG
September	SEP
October	OCT
November	NOV
December	DEC

For example, July 26, 2011 would be recorded as follows:

2	6
---	---

J	U	L
---	---	---

1	1
---	---

  
*dd*                      *MMM*                      *yy*

Sometimes, only a month and a year are required (for example, a diagnosis date for a pre-existing condition), in which case the response boxes will look like this:

--	--	--

--	--

  
*MMM*                      *yy*

A diagnosis date of October 2002 would be recorded as follows:

O	C	T
---	---	---

0	2
---	---

  
*MMM*                      *yy*

### 13.3.5 Recording Time

Time is recorded on DataFax CRFs using the 24-hour clock in which hours are designated from 0–23. For example, using the 24-hour clock, 2:25 p.m. translates to 14:25 (2 p.m. = 14), which would be recorded as follows:

1	4
---	---

:

2	5
---	---

  
*hr*                      *min*

The following chart shows equivalencies between the 12- and 24-hour clocks.

12-hour clock (a.m.)	24-hour clock	12-hour clock (p.m.)	24-hour clock
12:00 a.m. (mid-night)	00:00*	12:00 p.m. (noon)	12:00
1:00 a.m.	01:00	1:00 p.m.	13:00
2:00 a.m.	02:00	2:00 p.m.	14:00
3:00 a.m.	03:00	3:00 p.m.	15:00
4:00 a.m.	04:00	4:00 p.m.	16:00
5:00 a.m.	05:00	5:00 p.m.	17:00
6:00 a.m.	06:00	6:00 p.m.	18:00
7:00 a.m.	07:00	7:00 p.m.	19:00
8:00 a.m.	08:00	8:00 p.m.	20:00

9:00 a.m.	09:00		9:00 p.m.	21:00
10:00 a.m.	10:00		10:00 p.m.	22:00
11:00 a.m.	11:00		11:00 p.m.	23:00

\*Note: Midnight is recorded as 00:00, not 24:00.

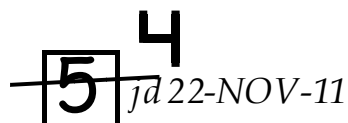
### 13.3.6 Data Corrections and Additions

Sometimes data on a DataFax CRF may need to be changed, clarified, or amended. There are many reasons why data may need to be changed, such as in response to a QC report or as a result of site review of the CRF before transmission. It is important to make these changes to the original CRF—**never copy data onto a new form and never write over an entry once it is recorded**. After making the change, the CRF must be retransmitted to SCHARP DataFax. If a correction or addition is made to one page of a multiple-page CRF, only retransmit the page that was changed.

Whenever an entry on a DataFax CRF is changed, clarified, or amended, do the following:

- draw a single horizontal line through the incorrect entry (do not obscure the entry or make it un-readable with multiple cross-outs),
- place the correct or clarified answer near the box, and
- initial and date the correction as shown below.

**Correct:**

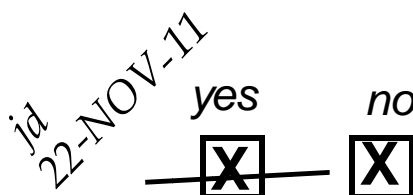


**Incorrect:**



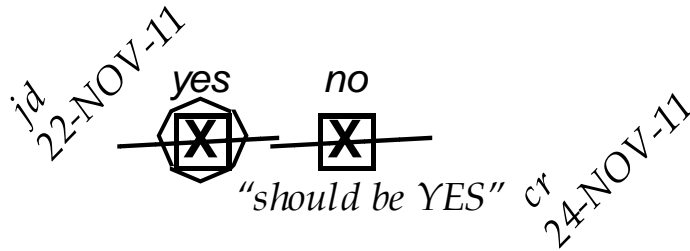
If an **X** is marked in the wrong response box, correct it by doing the following:

- draw a single horizontal line through the incorrectly marked box (do not obscure the entry or make it un-readable with multiple cross-outs),
- mark the correct box, and
- initial and date the correction and shown below.



If the correct answer has previously been crossed out, do the following:

- circle the correct item,
- write an explanation in the white space near the item, and
- initial and date all corrections as shown below.



Please note that it is helpful to write in the final answer (e.g. “should be yes”) on the CRF when multiple corrections to one item have been made.

If an *entire* CRF needs to be deleted from the database, do the following:

- draw a single diagonal line across the entire page that needs to be deleted and write “delete”.
- include a brief note of explanation, and initial and date the deletion.

The standards above must be followed whenever a CRF is changed, clarified, or amended, even if the change is made *before* the CRF is faxed to SCHARP for the first time. After making the change, the CRF must be retransmitted to SCHARP DataFax. ***If a correction or addition is made to one page of a multiple-page CRF, only retransmit the page that was changed.***

### 13.3.7 Correcting a Participant Identification Number (PTID) Error

If the wrong PTID is submitted to SCHARP, in addition to making the correction on the original CRF, the Data Coordinator must be notified by email immediately. A PTID is a “key field”, meaning it is used by DataFax to identify where data is saved in the database. Therefore, simply correcting a PTID on a CRF creates a duplicate record: saving one CRF under two different PTIDs. The Data Coordinator must combine both CRFs under the correct PTID. Additionally, if the PTID used incorrectly is a valid PTID, belonging to a different participant, erroneous QCs may fire on that participant’s QC report until the incorrect CRF is deleted.

### 13.3.8 How to Handle Missing and Unknown Data

If the answer to an item is not known, is not available, or if the participant refuses to answer, draw a single horizontal line through the blank boxes and initial and date the item. It is helpful to write “don’t know,” “refuses to answer,” “UNK” (unknown), “N/A” (not applicable), or “REF” (refused) near the blank boxes, in addition to initialing and dating the entry.

For example, when recording a date, if the exact day is not known, draw a single horizontal line through the “dd” boxes and write “don’t know” next to the response boxes, as shown below:

*ym*  
15-OCT-11  
*don't know*

<del> </del>	<del> </del>	A	P	R	0	0
<i>dd</i>		<i>MMM</i>			<i>yy</i>	

If an answer is no longer unknown, line through any previously lined-through boxes (using a diagonal line) and update the form with the new response, as shown below:

*ym*  
~~15-OCT-11~~  
~~*don't know*~~

<del> </del>	<del> </del>	A	P	R	0	0
<i>dd</i>		<i>MMM</i>			<i>yy</i>	

*should be 15 ym 22-OCT-11*

A skip pattern is the only valid reason to leave a response blank. Initials and date are required for any data item that is refused, missing, unknown, or not applicable, regardless of whether it is marked as such during the initial form completion or as an update to the form.

### 13.3.9 Rounding Lab Values

- When recording a lab value on a case report form, it may be necessary to round the result up or down, as appropriate, to the level of precision allowed on the CRF.

Example: Lab reported hemoglobin value = 11.06 g/dL

If the following appears on the CRF...

		.		<i>g/dL</i>
--	--	---	--	-------------

...round the lab-reported value up to the tenths place and record as:

1	1	.	1	<i>g/dL</i>
---	---	---	---	-------------

- If the lab value is reported in a unit other than that which appears on the CRF (and therefore needs to be converted to the units that appear on the CRF), first perform the conversion, then round the converted results. Do not round on interim steps when performing the conversion.

Example: Lab reported creatinine value = 128  $\mu\text{mol/L}$

If the following appears on the CRF:

.  *mg/dL*

First, convert from  $\mu\text{mol/L}$  to  $\text{mg/dL}$  using the conversion factor (88.4).  $128 \div 88.4 = 1.4479638$ .

Then, round the converted value down to the tenths place and record as:

0  1 .  4 *g/dL*

### 13.4 Site Review of Case Report Forms

Each form must be reviewed for completeness and legibility, ideally twice: once before the participant leaves the site and once again, by a second reviewer, before being transmitted to SCHARP DataFax. As part of these reviews, the site should check to ensure that:

- Other than the PTID, there is **no** information on the form that could uniquely identify the participant (e.g., no name, phone number, national identification number, or any other personal identifiers)
- A response has been recorded for each item, unless the item has been skipped as instructed by a skip pattern, or the item has been marked as unknown/refused
- All text responses are clearly recorded
- There are no marks on or above the DataFax barcode at the top of each CRF page.
- There are no
  - missing dates,
  - missing visit codes,
  - incorrect PTIDs,
  - incorrect visit codes,
  - missing data for items beginning a series of skip patterns,
  - inconsistent or discrepant data

Reviewers can make edits/updates to forms completed by another staff member, so long as they mark their corrections with their own initials and the date of the change. While CRFs are being reviewed, it is important that they are stored and tracked systematically. Sites should thoroughly describe their CRF review process (including who performs the review and how it is conducted) as well as timeframes for review in their Data Management SOP.

## 13.5 Faxing CRFs to SCHARP DataFax

To streamline the submission of DataFax forms, the site should identify which staff member(s) will be responsible for transmitting forms to SCHARP DataFax and which staff member(s) will be responsible for receiving and responding to QC reports.

Forms should be transmitted as soon as possible after they have been completed and reviewed. **Ideally, completed forms will be transmitted to SCHARP within 1-2 days of a participant completing the visit**, though up to 5 days is allowed. Additionally, sites should respond promptly to requests for clarifications and corrections included in the QC Reports. Early detection of CRF-related issues provides an opportunity to reduce errors and improve data quality.

It is necessary to have a system to identify whether a CRF has been transmitted to SCHARP DataFax. Such a system may include using a stamp to date the back of the CRF. If a date stamp is used, it is important to remember to use *only* the back of the CRF for a date stamp, *never* the front, and to date stamp the back of the CRF each time it is transmitted, including retransmissions.

### 13.5.1 CRF Tracking System (CTS2)

Sites can also confirm the receipt of faxed CRFs at SCHARP by using the CRF Tracking System (CTS2). If a site chooses to sign up to use CTS, they must send the CRFs to SCHARP in batches (groups) of multiple pages and track these batches. Two reports will be e-mailed to the site: the CRF Reception Report, indicating how many pages were received at SCHARP, and the CRF Validation Report, indicating which CRFs were received. If any discrepancies between the batches sent and SCHARP's report are found, it is then the site's responsibility to check the batches for the specific CRFs that were not received. The site determines how often to receive these e-mails (e.g., every day or several times a week). To sign up for CTS, contact the SCHARP Project Manager to receive a registration form.

Specific data transmission procedures, including timeframes, case report form storage locations before and after faxing, and mechanisms for identifying when forms have been transmitted, should be documented in the site's MTN-016 Data Management SOP.

## 13.6 Study Visit Information

### 13.6.1 Women Study Visits

#### *Screening and Enrollment Visit*

The Screening and Enrollment Visit is defined as Day 0 for the woman participant. This is the day she provides written informed consent to be screened and enrolled into the study. For MTN-016, a woman participant is considered enrolled once the participant has met all eligibility criteria and provided informed consent.



### ***Quarterly Visits***

While the woman is still pregnant, she will follow a quarterly visit follow-up schedule. The number of follow-up visits for this study will vary per participant, as it will depend upon how far along in the pregnancy she is. The greatest number of possible quarterly visits is 3 based on the maximum gestational period. See Table 13-3 for details regarding the target dates and visit windows for each Quarterly Visit.

### ***Pregnancy Outcome***

In cases when the woman enrolls into MTN-016 *prior* to the pregnancy outcome, the Pregnancy Outcome CRF will be part of a regularly scheduled Quarterly Visit or Interim Visit (see Interim Visits section below), and will be approximately when the outcome of the pregnancy becomes known to study staff. All procedures of the Quarterly Visit must be completed if the Pregnancy Outcome Visit occurs within the Quarterly Visit window, plus completion of the Pregnancy Outcome form.

In cases when the woman enrolls into MTN-016 *after* the pregnancy outcome, the Pregnancy Outcome Visit will be completed on the same day as the Screening and Enrollment Visit. In these cases, Quarterly Visits will not be completed. Note: MTN-016 allows for a woman to enroll in the study within one year after her pregnancy outcome.

The Pregnancy Outcome Visit does not signify termination from the study, but does signify the end of follow-up until a subsequent pregnancy is reported or a valid reason for termination occurs.

### ***Pregnancy Cycles***

As stated in the MTN-016 Protocol, Section 5.1, “participants and their infants can be enrolled for subsequent pregnancies; subsequent pregnancies of an EMBRACE participant will require a separate informed consent process to be initiated.” For a given woman participant, each pregnancy that meets the eligibility criteria for MTN-016 is referred to as a cycle. Each subsequent pregnancy may happen at any time after the initial pregnancy is completed. Please see Table 13-5 for the required CRFs to be completed at the beginning of each pregnancy cycle. In addition, see section 13.2.8 for information on pregnancy numbers (a way to document each pregnancy cycle).

### ***Termination***

Since mothers can enroll multiple pregnancies into the study, they should stay enrolled in MTN-016 until they have completed follow-up in the parent study. As stated above, the Pregnancy Outcome Visit does not signify the end of study participant, just the end of follow-up for a given pregnancy.

Once it has been determined that the mother will no longer be participating in MTN-016 (most likely because she has been terminated from the parent protocol), she should be terminated from MTN-016. There is no special Study Exit Visit for MTN-016; however, sites do need to document the termination by completing the Woman Termination and Woman End of Study Inventory CRFs. Sites also need to update the Concomitant Medications Log and fax it to SCHARP DataFax (see section 13.7, the Schedule of Forms).

### 13.6.2 Infants Study Visits

#### *Newborn/Initial Visit*

When possible, this visit should occur during the first ten days of life. The infant date of birth is defined as Day 0 for the infant participant. For MTN-016, an infant participant is considered enrolled once consented **and** born.

#### *Months 1, 6, and 12 Visits*

There are 3 scheduled follow-up visits for the infants in MTN-016; Month 1, 6, and 12. There is no formal Termination or Study Exit Visit for infants in MTN-016. Therefore, study exit procedures will be part of the Month 12 Visit procedures. See Table 13-4 for details regarding the target dates and visit windows for each follow-up visit.

## 13.7 Target Days, Visit Windows, Split Visits & Missed Visits

### 13.7.1 Target Dates

Target dates are the days in which visits should *ideally occur*. Target dates are based on the date of enrollment for mothers and on the date of birth for infants. For *women*, the visits are targeted to occur quarterly (Day 90, Day 180 and Day 270) throughout the pregnancy following the participant's enrollment into the study (Day 0). For *infants*, the visits are targeted to occur at Month 1 (Day 30), Month 6 (Day 182) and Month 12 (Day 364) following the participant's date of birth (Day 0). Target dates do not change, even if a visit takes place before or after the target date.

### 13.7.2 Visit Windows

Visit windows include the days in which visits are *allowed to occur*. The visit window for the *women participants'* follow-up visits is 45 days before or after the target date (i.e. +/- 45 days). See Table 13-3. For example, if a woman participant enrolls into MTN-016 on 15 November 2013, her first Quarterly Visit target date is 14 February 2014. However, she can complete her Quarterly Visit #1 any time between 31 December 2013 and 30 March 2014.

**Table 13-3: MTN-016 Target Visit Dates and Visit Windows: WOMEN**

*All visit windows are in days; Enrollment date = Day 0*

Visit	Visit Code	Day Visit Window Opens	Target Date	Day Visit Window Closes
<b>Enrollment</b>	1.0	N/A	<b>0</b>	N/A
<b>Quarterly #1</b>	2.0	46	<b>90</b>	135
<b>Quarterly #2</b>	3.0	136	<b>180</b>	225
<b>Quarterly #3</b>	4.0	226	<b>270</b>	315

The visit windows for the *infant participants'* follow-up visits are as follows: the Newborn Visit must be completed within 10 days after the infant's date of birth; the Month 1 Visit

has a 2 week window before or after the target date (i.e. +/- 2 weeks); and the Month 6 and Month 12 Visits have a 30 day window before or after the target date (i.e. +/- 30 days). See Table 13-4. For example, if an enrolled infant participant was born on 22 February 2014, the Month 1 target date is 24 March 2014. However, the Month 1 Visit can be completed any time between 10 March 2014 and 07 April 2014.

**Table 13-4: MTN-016 Target Visit Dates and Visit Windows: INFANTS**

*All visit windows are in days; Date of birth = Day 0*

Visit	Visit Code	Day Visit Window Opens	Target Date	Day Visit Window Closes
<b>Newborn</b>	1.0	0	<b>0</b>	10
<b>Month 1</b>	2.0	16	<b>30</b>	44
<b>Month 6</b>	3.0	152	<b>182</b>	212
<b>Month 12</b>	4.0	334	<b>364</b>	394

Visits completed within the visit window will appear on the MTN-016 Retention Reports as being completed “on-time”. Visits that are not completed within the visit window will be considered “missed” and relevant CRFs should be completed to document the missed visit (see section 13.7.4 for more information on Missed Visits).

SCHARP will provide sites with a Visit Scheduling tool (an Excel spreadsheet) that may be used to generate individual participant follow-up visit calendars. The spreadsheet requires that the participant’s enrollment date (for women participants) or date of birth (for infant participants) be entered. Once the enrollment date/birthdate is entered, the target date and visit windows for the follow-up visits will appear in the spreadsheet, which can then be printed and added to the participant’s study notebook. The women participant calendar tool provides potential visit scheduling for up to 4 pregnancy cycles for each woman. The tool can be found on the MTN web portal.

### 13.7.3 Split Visits

In cases where a participant is not able to complete all required visit evaluations on the same day, the participant may come back and complete the remaining evaluations on another day, as long as the evaluations are completed within the visit window for that particular visit (see Tables 13-3 and 13-4). For example, an infant comes for her Month 6 Visit on the target date and completes all required evaluations. However, the site suspects the infant has a major malformation but is unable to photograph the infant at this visit. The infant can return within the Month 6 visit window to complete the photographs.

#### 13.7.3.1 Visit Codes for Split Visits

When a split visit occurs, the case report forms completed for the visit are all assigned the same visit code (even though some forms and evaluations will have different visit dates). For example, an infant participant comes in for the Month 6 Visit on the target date of 23 January 2014 and completes all required evaluations except for the infant physical exam (the mother did not have time to stay at the clinic for all procedures to be

completed). The infant returns on 25 January 2014 and completes the physical exam. All case report forms completed on 23 and 25 January are assigned a visit code of 3.0 (since all evaluations are Month 6 evaluations).

#### 13.7.4 Missed Visits

In those cases where a participant is not able to complete any part of a required visit within the visit window, the visit is considered missed. For example, if a mother who enrolls into MTN-016 on 10 February 2014 (visit window for Quarterly Visit #1 = 28MAR14 – 25JUN14) shows up for her first Quarterly Visit on 29 June 2014, her Quarterly Visit #1 is considered missed, as she is now in the visit window for her second Quarterly Visit (26JUN14 – 23SEP14). Missed visits must be documented by completing a Missed Visit CRF (i.e. Woman Missed Visit CRF or Infant Missed Visit CRF).

If an infant is enrolled into MTN-016 after the window for the Newborn/Initial Visit (or any other subsequent visit) has passed, all visits that would have been completed but were missed need to be documented in DataFax with an Infant Missed Visit CRF. For example, if an infant enrolls into MTN-016 when she is 6 months old, an Infant Missed Visit CRF would need to be completed for the Newborn/Initial Visit as well as the Month 1 Visit.

If a visit happens to be completed within the visit window after a Missed Visit form has already been submitted to SCHARP, draw a diagonal line through the previously submitted Missed Visit form, include a brief note of explanation, initial and date the changes, and re-submit the form to SCHARP DataFax. Complete all of the scheduled visit procedures, code all forms with the scheduled visit code, and transmit the CRF pages.

**Remember:** Missed visits are considered protocol deviations in MTN-016. A Protocol Deviation Log does not need to be completed, however. Instead sites need to record the corrective action plan in the comments section of the Woman Missed Visit CRF or the Infant Missed Visit CRF for all missed visits that count as protocol deviations.

#### 13.7.5 Interim Visits

In addition to the scheduled, protocol-required visits, Interim Visits may occur after enrollment into the trial. A clinic visit is considered an Interim Visit when a participant comes to the clinic for reasons *other* than to complete regularly scheduled (required) study visit procedures.

Interim visits may be performed at any time during the study for reasons that are administrative (a participant has study-related questions for the staff), lab-related (a participant needs a lab test repeated for confirmation), or clinical (a participant needs additional clinical follow-up), for example. Phone contact with a participant is also considered an Interim Visit if the phone contact results in reporting a pregnancy outcome or new social harm. Given the specification of visit windows for this study, interim

visits will occur when more than one visit takes place within a visit window. The following are examples of interim visits for MTN-016:

1. A mother enrolled in MTN-016 completes all required evaluations for the scheduled study visit within the target window. The participant then returns to the site clinic within the same visit window to report a pregnancy outcome.
2. A mother enrolled in MTN-016 completes all required evaluations, including an ultrasound exam, for the scheduled study visit within the visit window. The participant then returns to the site clinic within the same visit window for a repeat follow-up ultrasound exam.

If DataFax CRFs are required to document the visit (or phone call), an Interim Visit CRF must be completed and faxed to SCHARP DataFax. If no CRFs are required for the interim visit (for example, the participant comes to the clinic to obtain more condoms), the interim visit may be documented by a chart note only; it does not need to be assigned an interim visit code.

#### 13.7.5.1 Visit codes for interim visits

Interim visit codes are assigned using the following guidelines:

- In the box to the left of the decimal point, record the one-digit visit code for the most recent scheduled visit (whether that visit was completed or missed).
- Use the guide below to complete the box to the right of the decimal point:
  - #.1 = the first interim visit after the most recent scheduled visit,
  - #.2 = the second interim visit after the most recent scheduled visit,
  - #.3 = the third interim visit after the most recent scheduled visit, and so on.

Example: A woman participant returns to the site clinic two weeks after completing her first Quarterly Visit to report a pregnancy outcome. If she is still in the Quarterly #1 Visit window, this current visit is considered an interim visit and is assigned the following interim visit:

**Visit Code for this Interim Visit:**

Visit Code **2**. **1**

#### 13.7.6 Early Termination

A participant may voluntarily withdraw from the study at any time. Site investigators may also withdraw participants from the study (see Protocol Section 9.1). If the participant is willing and able, she will be asked (or the infant will be asked) to complete one final study visit before terminating early. Specific procedures for early termination visits are included in SSP Section 6.

### 13.7 MTN-016 Schedule of Forms

The SCHARP-provided case report forms for this study include DataFax forms (forms that are completed and faxed to SCHARP DataFax) and non-DataFax forms (forms that are completed but **not** faxed to SCHARP DataFax).

Some SCHARP-provided forms are required to be completed at each visit, while other forms are required only at one visit or only when specifically indicated. The following tables (Table 13-5 and Table 13-6) list the DataFax and non-DataFax forms that are **required** to be completed at each MTN-016 study visit for Women and Infants.

**Table 13-5: Case Report Form Completion Schedule: WOMEN**

<b>SCREENING AND ENROLLMENT</b>		<b>PREGNANCY # / VISIT CODE: 1 / 1.0</b>
<b>Form Acronym</b>	<b>Form Name</b>	<b>Plate #</b>
<b><i>Required</i></b>		
GSH-1–GSH-5	Genetic Screening History	101–105
PPP-1	Parent Protocol Participation*	080
PR-1	Pregnancy Report and History	440
CM-1	Woman Concomitant Medications Log	423
DEM-1	Woman Demographics*	001
WEN-1	Woman Enrollment	070
UR-1	Ultrasound Results	120
<i>Non-DataFax</i>	Woman Medical History Log	N/A
*These CRFs are only completed once, even if a woman enrolls a new pregnancy.		
<b><i>As Needed</i></b>		
PO-1–PO-3	Pregnancy Outcome	441–443
<b>QUARTERLY VISITS</b>		<b>PREGNANCY # / VISIT CODES: 1 / 2.0, 3.0, 4.0</b>
<b>Form Acronym</b>	<b>Form Name</b>	<b>Plate #</b>
<b><i>Required</i></b>		
UR-1	Ultrasound Results	120
WFU-1	Woman Follow-up Visit	125
<b><i>As Needed</i></b>		
GSH-1–GSH-5	Genetic Screening History†	101–105
PO-1–PO-3	Pregnancy Outcome	441–443
SHA-1	Social Harms Assessment Log	155
CM-1	Woman Concomitant Medications Log†	423
<i>Non-DataFax</i>	Woman Medical History Log†	N/A
†Update and refax these forms, if applicable (refax DataFax forms only), at each Quarterly Visit.		
<b>NEW PREGNANCY CYCLE</b>		

<b>SUBSEQUENT ENROLLMENT</b>		<b>PREGNANCY # / VISIT CODE: 2 (3, 4, ETC.) / 1.0</b>
<b>Form Acronym</b>	<b>Form Name</b>	<b>Plate #</b>
<b><i>Required</i></b>		
GSH-1–GSH-5	Genetic Screening History	101–105
PR-1	Pregnancy Report and History	440
UR-1	Ultrasound Results	120
CM-1	Woman Concomitant Medications Log**	423
WSC-1	Woman Subsequent Consent	075
<i>Non-DataFax</i>	Woman Medical History Log ( <i>updated</i> )	N/A
<b><i>As Needed</i></b>		
PO-1–PO-3	Pregnancy Outcome	441–443
** If a woman enrolls a new pregnancy, the previously completed Concomitant Medications Log(s) just needs to be updated and faxed again.		
<b>QUARTERLY VISITS</b>		<b>PREGNANCY # / VISIT CODE: 2 (3, 4, ETC.) / 2.0, 3.0, 4.0</b>
<b>Form Acronym</b>	<b>Form Name</b>	<b>Plate #</b>
<b><i>Required</i></b>		
UR-1	Ultrasound Results	120
WFU-1	Woman Follow-up Visit	125
<b><i>As Needed</i></b>		
GSH-1–GSH-5	Genetic Screening History†	101–105
PO-1–PO-3	Pregnancy Outcome	441–443
SHA-1	Social Harms Assessment Log	155
CM-1	Woman Concomitant Medications Log†β	423
<i>Non-DataFax</i>	Woman Medical History Log†	N/A
†Update and refax these forms, if applicable (refax DataFax forms only), at each Quarterly Visit. β At the mother’s final study visit, the Woman Concomitant Medications Log must be updated and re-faxed.		
<b>TERMINATION/STUDY EXIT</b>		<b>NO VISIT CODE</b>
<b><i>Required</i></b>		
ESI-1	Woman End of Study Inventory	489
TM-1	Woman Termination	490

**Table 13-6: Case Report Form Completion Schedule: INFANTS**

<b>NEWBORN/INITIAL VISIT* (SEE BELOW)</b>		<b>VISIT CODE: 1.0</b>
<b>Form Acronym</b>	<b>Form Name</b>	<b>Plate #</b>
<b><i>Required</i></b>		
CM-1	Infant Concomitant Medications Log	423
IEN-1	Infant Enrollment* ( <b>see below</b> )	070
IPE-1	Infant Physical Exam	130
IFV-1	Infant Visit	125

<i>Non-DataFax</i>	Infant Medical History Log	N/A
<b>As Needed</b>		
HTR-1	Infant HIV Test Results	136
IVL-1	Infant Vaccination Log	301
<i>Non-DataFax</i>	LDMS Specimen Tracking Sheet	N/A
<b>MONTH 1 VISIT</b>		<b>VISIT CODE: 2.0</b>
<b>Form Acronym</b>	<b>Form Name</b>	<b>Plate #</b>
<b>Required</b>		
IPE-1	Infant Physical Exam	130
IFV-1	Infant Visit	125
<b>As Needed</b>		
CM-1	Infant Concomitant Medications Log†	423
HTR-1	Infant HIV Test Results	136
IVL-1	Infant Vaccination Log†	301
SHA-1	Social Harms Assessment Log	155
<i>Non-DataFax</i>	Infant Medical History Log†	N/A
<i>Non-DataFax</i>	LDMS Specimen Tracking Sheet	N/A
†Update and refax these forms, if applicable (refax DataFax forms only).		
<b>MONTH 6 VISIT</b>		<b>VISIT CODE: 3.0</b>
<b>Form Acronym</b>	<b>Form Name</b>	<b>Plate #</b>
<b>Required</b>		
IPE-1	Infant Physical Exam	130
IFV-1	Infant Visit	125
<b>As Needed</b>		
CM-1	Infant Concomitant Medications Log†	423
HTR-1	Infant HIV Test Results	136
IVL-1	Infant Vaccination Log†	301
SHA-1	Social Harms Assessment Log	155
<i>Non-DataFax</i>	Infant Medical History Log†	N/A
<i>Non-DataFax</i>	LDMS Specimen Tracking Sheet	N/A
†Update and refax these forms, if applicable (refax DataFax forms only).		
<b>MONTH 12 VISIT</b>		<b>VISIT CODE: 4.0</b>
<b>Form Acronym</b>	<b>Form Name</b>	<b>Plate #</b>
<b>Required</b>		
CM-1	Infant Concomitant Medications Logβ	423
ESI-1	Infant End of Study Inventory	489
IPE-1	Infant Physical Exam	130
TM-1	Infant Termination	490
IFV-1	Infant Visit	125



<i>Non-DataFax</i>	Infant Medical History Log ( <i>updated</i> )	N/A
<b><i>As Needed</i></b>		
HTR-1	Infant HIV Test Results	136
IVL-1	Infant Vaccination Log	304
SHA-1	Social Harms Assessment Log	155
<i>Non-DataFax</i>	LDMS Specimen Tracking Sheet	N/A
β At an infant's final study visit, the Concomitant Medications Log must be updated and re-faxed.		

\*If the Newborn/Initial Visit is missed, the Infant Enrollment form must still be completed whenever the infant is enrolled into the study. Since an infant can complete an enrollment visit at any time point between birth and age 1 (12 months), a Missed Visit CRF must be faxed in for all infant visits that are missed prior to enrollment. If an infant presents for screening and enrollment during a period that falls outside of one of the infant visit windows, the screening and enrollment procedures may be conducted as part of an interim visit. At this interim enrollment visit, sites would fax in all forms normally completed at a Newborn/Initial Visit, including the Infant Enrollment form, as well as the Infant Interim Visit CRF.

## 13.9 How to Complete Interviewer-Administered Forms

In order to standardize interviewer-administered data collection from site to site and to maximize quality, it is critical that participant interviews be conducted with a non-biased, non-judgmental approach. Study staff should help a participant feel comfortable sharing personal information and opinions while asking the study questions in a consistent manner from participant to participant. Below are interviewing techniques that may be useful.

### 13.9.1 Interviewing Techniques

An interviewer uses both verbal and non-verbal techniques (if the interview is being conducted in person and not over the telephone) to obtain the most honest, accurate, and thorough responses from participants.

Some techniques to remember include:

- Make the participant feel welcome
- Be comfortable with the questions you are asking
- Always remain neutral
- Speak slowly and clearly
- Probe a participant if he/she is having a hard time coming up with an answer

These techniques are discussed below.

#### Welcoming the Participant

- When a new participant arrives at the clinic, everything about the study is new. Help make the participant feel comfortable.
- Perhaps offer the participant a glass of water or other beverage.
- Introduce yourself, and try to create rapport (connection) between yourself and the participant to help her feel comfortable during the interview.

- Some DataFax forms include introduction statements before certain items to help prepare the participant for sensitive questions. Read each of these introductions as they appear on the forms.

### **Asking Sensitive Questions**

Your level of comfort with asking sensitive questions will affect the participant's comfort and answers. If you ask the questions in a confident and supportive manner, the participant will feel more confident and comfortable answering the questions. Make eye contact with the participant to let her know that you are listening to her and aware that she is being asked difficult questions. Avoid apologizing for questions or making facial gestures that might show you feel any way but neutral about a question or the participant's response. If the participant feels judged for her behavior, she will be less likely to share honestly with you.

### **Pacing the Interview**

Every participant is different. Some will know or say the answer to questions very quickly. Others may have to think longer to come up with answers, or may change their answers after giving more thought to the subject. Always account for this variety when doing an interview. Read items slowly. Let the participant finish thinking before you record her response and go on to the next item.

### **Reading Items Aloud**

For MTN-016 we have not translated the interviewer-administered forms as they are more clinical in nature. You must review each item on the relevant CRFs with the participant. If an item is not understood, provide explanation or interpretation, if necessary. Avoid tangential—though related—counseling and educational discussions during data collection. When applicable, acknowledge questions and concerns raised by the participant during the interview, and state that the subject can be discussed after the end of the interview.

Vary your tone of voice, so that you don't sound automated. Emphasize the important words in an item, so that the meaning of the question comes through. When given the option, choose “clinical” versus “street” or “vernacular” language based on participant preferences/cues.

For items with multiple sub-items, review all sub-items with the participant and mark the appropriate response for each, based on participant report.

### **Probing**

One of the major goals of the study's interviews is to obtain accurate genetic history for each woman enrolled. These interviews ask participants to recall many aspects of their family medical history. However, participants may not remember or know the answer to every question. The technique for helping a participant remember an answer, clarify a response, decide between two similar but different answers, or report something more precisely is called “probing.”

Effective probing helps a participant think more about a question or refine an answer that is too general; however, probing must not bias or otherwise direct participant responses. As the interviewer, you cannot offer the participant an answer. Therefore, all probes must be neutral.

The following are some probing strategies to use when a participant initially answers “don't know” to an item, or cannot refine his/her response enough to allow for adequate documentation.

- **Repeat Probe:** The repeat probe is used by repeating the item or response categories (if the response categories are part of the question). Although the participant might hear you the first time you ask a question, he/she may need to hear the question more than once to provide an answer. Instead of rephrasing a question if you notice the participant is confused, first repeat the item as it is written. Sometimes hearing the question a second time is all that is needed.
- **Echo Probe:** The echo probe involves repeating the participant's exact response. Sometimes hearing the answer with a different voice will help the participant respond more precisely. Always repeat the participant's response in a neutral, non-judgmental way.
- **Silent Probe:** The silent probe is used by pausing briefly after a participant gives what seems to be an uncertain answer. Although silence can feel awkward, sometimes it is helpful when a participant is trying to determine the most accurate answer to a question. Use a silent probe when the participant sounds unsure of his/her answer and may need some extra time to think more carefully about the question.
- **Non-verbal Probe:** The non-verbal probe is used by giving hand or facial gestures that may help the participant to come up with an answer. Remember that all such gestures must be neutral and nonjudgmental.
- **Specification Probe:** The specification probe is used by asking the participant to give a more precise answer. Although a participant may give an answer that he/she considers accurate, it may not be specific enough for purposes of form completion. For example, an item asks for the exact number of times the participant did something and he/she answers with a range (“5 to 10”). In this case, the probe, “Can you be more specific?” is often enough to help the participant give the most accurate response.
- **Historical Probe:** The historical probe is used by asking whether the event in question occurred any time around major holidays or personal events such as a birthday or other life event. Some items require the participant to recall dates, and initially he/she may be unable to recall a specific date. Referencing a calendar can also help the participant remember dates.

### 13.9.2 Watching for Non-verbal Cues

A participant may give you one answer verbally, but express something else using body language or facial expressions. Although you should not question a participant so as to make her feel like you don't trust her answers, be aware of whether she is giving you non-verbal cues that indicate she is not feeling comfortable, not taking the interview seriously, or not answering honestly.

### 13.9.3 Checking Your Work

During the interview it is important to use the forms instructions (those on the front and back of each page) to guide the interview. Also, make sure the participant is understanding and responding to you, and record all reported information on the forms. **After the interview and while the participant is still there**, review the forms for accuracy and completeness so you can complete an item that might have accidentally been missed.

## 13.10 Additional Form Completion Instructions

Detailed form completion instructions for each form are provided on the back of each form page. These instructions include the purpose of each form as well as how each form should be completed. Some items on forms are straightforward and do not require specific instructions. Therefore, you will not see all form items listed in the form-specific completion instructions, but rather, only those items needing detailed explanation.

Below are some additional instructions for the several case report forms. In addition, form instructions that were included in Data Communiques are also added here.

### 13.10.1 Infant Concomitant Medication Log (CM-1)

- All concomitant medications taken throughout the course of the study, starting from screening, should be recorded on the CM-1.
- Each time a new entry is added or an existing entry is modified on the CM-1., the form page should be faxed to SCHARP DataFax. Do not wait to complete all entries on a page before faxing it to SCHARP DataFax.
- (*From Data Communiqué #3, 13AUG13*): The instructions on the Infant Concomitant Medications Log have been updated to include a reminder that vaccinations can no longer be recorded on the CM-1; all infant vaccinations should now be recorded on the Infant Vaccination Log.

### 13.10.2 Infant Developmental Screening CRF (IDS-1)

- (*From Data Communiqué #4, 01MAY14*): The developmental screening assessment has been eliminated from MTN-016 protocol version 2.0. This form should no longer be administered at the Month 6 Visit or the Month 12 Visit.
- However, please reference **MTN Operational Guidance 2**, which was distributed on 17MAR14. This Operational Guidance states that, "If MTN-008 sites submit protocol version 2.0 to their regulatory bodies and receive approval, they should continue to conduct the developmental screening assessment for any infants en-

rolled in the study under protocol version 1.0. This includes completing the Infant Developmental Screening form at the appropriate visits.” So, for infants enrolled under version 1.0 of the protocol whose parent protocol is MTN-008, the Infant Developmental Screening form will still need to be completed at the Month 6 and Month 12 visits.

### 13.10.3 Infant HIV Test Results (HTR-1)

- (From Data Communique #4, 01MAY14): Items 2b and 3b on the HTR have been updated to include revised lower limits of detection that better match current viral load platforms.
- In addition, items 2a and 3a have been revised to allow for viral load results of “target not detected” as well as “detected, under the limit of detection”.
- **Viral Copies/mL Reported:** When the lab result is a number, record the number exactly as it appears on the report. Select the appropriate operator in item 2a or 3a and record the exact number in the adjacent boxes.

Example of Local Lab Result from the Abbott M2000 Assay

<b>Copies / mL:</b>	<b>Log Base 10 Value</b>
4,914,478	6.69
<b>Run comment:</b>	
<b>Sample comment:</b>	
<b>Reportable Range:</b>	The Abbott RealTime HIV-1 RNA assay range of quantitation is 40 to 10,000,000 copies/mL.

Example of Completed HTR-1 using the Abbott M2000 Assay Results

	Alternate Collection Date		
	<i>dd</i>	<i>MMM</i>	<i>yy</i>
	<input type="text" value="2"/> <input type="text" value="4"/>	<input type="text" value="A"/> <input type="text" value="P"/> <input type="text" value="R"/>	<input type="text" value="1"/> <input type="text" value="4"/>
<b>Not done/ Not collected</b>			
<input type="checkbox"/> 2. HIV RNA			
	>	=	<
2a. HIV RNA PCR (plasma)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	viral copies/mL		
	<input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="8"/>		
	OR <input type="checkbox"/> OR <input type="checkbox"/>		
	<i>detected, under the limit of detection</i>		
	<i>target not detected</i>		
2b. HIV RNA PCR kit lower limit of detection	<i>20</i>	<i>40</i>	viral copies/mL
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OR <input type="text"/> <input type="text"/> <input type="text"/>

- **Target Detected:** When the lab result says “<20, RNA target detected” or “<40, RNA target detected” but the reportable range further explains that “viral RNA was detected *but is below the lower limit of quantification*”, mark “detected, under limit of detection” in item 2a or 3a.

*Example of Local Lab Result from the Roche TaqMan Assay*

<b>Copies / mL:</b> <20, HIV-1 RNA target detected.	<b>Log Base10 Value</b> <1.30
<b>Run comment:</b>	
<b>Sample comment:</b>	
<b>Reportable Range:</b> The COBAS TaqMan HIV-1, version 2.0 Test assay range of quantitation is 20 to 10,000,000 copies/mL. The result reported indicates viral RNA was detected but is below the lower limit of quantitation of the COBAS TaqMan HIV-1, version 2.0 Test assay.	

*Example of Completed HTR-1 using the Roche TaqMan Assay Results*

<b>Not done/ Not collected</b>	<b>Alternate Collection Date</b>		
<input type="checkbox"/>	<i>dd</i>	<i>MMM</i>	<i>yy</i>
<input type="checkbox"/> 2. HIV RNA	<input type="text" value="2"/> <input type="text" value="4"/>	<input type="text" value="A"/> <input type="text" value="P"/> <input type="text" value="R"/>	<input type="text" value="1"/> <input type="text" value="4"/>
2a. HIV RNA PCR (plasma)	> <input type="checkbox"/> = <input type="checkbox"/> < <input type="checkbox"/>	viral copies/mL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		OR	<input checked="" type="checkbox"/> <i>detected, under the limit of detection</i> OR <input type="checkbox"/> <i>target not detected</i>
2b. HIV RNA PCR kit lower limit of detection	20 <input checked="" type="checkbox"/> 40 <input type="checkbox"/>	OR	viral copies/mL <input type="text"/> <input type="text"/> <input type="text"/>

*Example of Local Lab Result from the Abbott M2000 Assay*

<b>Copies / mL:</b> <40, HIV-1 RNA target detected.	<b>Log Base 10 Value</b> <1.60
<b>Run comment:</b>	
<b>Sample comment:</b>	
<b>Reportable Range:</b> The Abbott RealTime HIV-1 RNA assay range of quantitation is 40 to 10,000,000 copies/mL. The result reported indicates viral RNA was detected but is below the lower limit of quantitation of the Abbott RealTime HIV-1 RNA assay.	

*Example of Completed HTR-1 using the Abbott M2000 Assay Results*

<b>Not done/ Not collected</b>	<b>Alternate Collection Date</b>		
<input type="checkbox"/>	<i>dd</i>	<i>MMM</i>	<i>yy</i>
<input type="checkbox"/> 2. HIV RNA	<input type="text" value="2"/> <input type="text" value="4"/>	<input type="text" value="A"/> <input type="text" value="P"/> <input type="text" value="R"/>	<input type="text" value="1"/> <input type="text" value="4"/>
2a. HIV RNA PCR (plasma)	> <input type="checkbox"/> = <input type="checkbox"/> < <input type="checkbox"/>	viral copies/mL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		OR	<input checked="" type="checkbox"/> <i>detected, under the limit of detection</i> OR <input type="checkbox"/> <i>target not detected</i>
2b. HIV RNA PCR kit lower limit of detection	20 <input type="checkbox"/> 40 <input checked="" type="checkbox"/>	OR	viral copies/mL <input type="text"/> <input type="text"/> <input type="text"/>

- **Target NOT Detected:** When the lab result says “target not detected” and there is no further explanation in the reportable range, mark “target not detected” in item 2a.

*Example of Local Lab Result from the Abbott M2000 Assay*

<b>Copies / mL:</b> <40, HIV-1 RNA target not detected.	<b>Log Base 10 Value</b> No log calculated
<b>Run comment:</b>	
<b>Sample comment:</b>	
<b>Reportable Range:</b> The Abbott RealTime HIV-1 RNA assay range of quantitation is 40 to 10,000,000 copies/mL.	

*Example of Completed HTR-1 Using the Abbott M2000 Assay Results*

Not done/ Not collected <input type="checkbox"/>	Alternate Collection Date										
	<i>dd</i>	<i>MMM</i>	<i>yy</i>								
<input type="checkbox"/>	2. HIV RNA	<input type="text" value="2"/>	<input type="text" value="4"/>	<input type="text" value="A"/>	<input type="text" value="P"/>	<input type="text" value="R"/>	<input type="text" value="1"/>	<input type="text" value="4"/>			
	2a. HIV RNA PCR (plasma)	<input type="text" value="&gt;"/>	<input type="text" value="="/>	<input type="text" value="&lt;"/>	<i>viral copies/mL</i>			<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
	2b. HIV RNA PCR kit lower limit of detection	<input type="text" value="20"/>	<input type="text" value="40"/>	OR	<i>viral copies/mL</i>			<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
		<input type="text" value=""/>	<input checked="" type="text" value="X"/>	OR	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input checked="" type="text" value="X"/>	

- For more information about viral load testing, refer to MTN-016 Laboratory SSP Section 12.

**13.10.4 Infant Missed Visit CRF (MV-1)**

- (From Data Communique #4, 01MAY14): The instructions on the back of the Infant Missed Visit form have been updated to provide clarification that sites should record a corrective action plan for a missed visit protocol deviation in the comments section of the Infant Missed Visit CRF.

**13.10.5 Infant Physical Exam CRF (IPH-1)**

- (From Data Communique #2, 22FEB13): Items 18 and 18a have been added to document any nutritional concerns which may be observed during the infant physical exam and whether the infant is referred for clinical follow-up. In order to make room for these new items, please note that some previous items have been merged (e.g. head/neck/scalp).

### 13.10.6 Infant Protocol Deviation Log (PDL-1)

- (From Data Communique #4, 01MAY14): This form documents all MTN-016-related protocol deviations for infants. The completed form should be faxed to SCHARP DataFax in the same manner as all the other CRFs completed for this study. This form is not included in the Schedule of Forms. However, it can be sent it at any point in time during the study.
- Missed Visits are counted as protocol deviations in MTN-016. However, the PDL does not need to be completed in an infant misses a visit. We will know that a protocol deviation due to a missed visit has occurred by the presence of the Infant Missed Visit CRF. Since sites are required to record a corrective action plan for a protocol deviation, sites should record this information in the comments section of the Infant Missed Visit CRF.
- Not all missed infant visits in MTN-016 count as protocol deviations. An infant can enroll into the study at any time point up until s/he is 1 year old (12 months). For DataFax reasons, sites are required to complete an Infant Missed Visit form (MV-1) for all infants that are enrolled after the Newborn/Initial Visit – one MV-1 for every study visit the infant has missed prior to enrollment. For example, if the infant enrolls at the Month 6 Visit, the site would complete an MV-1 for the Newborn/Initial Visit and as well as an MV-1 for the Month 1 Visit. In this scenario, the missed visits that occurred before the infant was enrolled will NOT count as protocol deviations, and sites do not need to record a correction action plan on the MV-1.

### 13.10.7 Infant Safety Event Log (ISL-1)

- (From Data Communique #4, 01MAY14): The ISL is no longer required to be used in MTN-016.

### 13.10.8 Infant Vaccination Log (IVL-1)

- (From Data Communiqué #3, 13AUG13): A new Infant Vaccination Log was created so that sites can document all vaccinations administered to infants using vaccination codes (included below). Vaccinations administered to infants must no longer be recorded on the Infant Concomitant Medications Log.

INFANT VACCINATION LOG CODES	
Vaccine	Code
Bacille Calmette-Guerin (BCG)	01
Diphtheria, Pertussis, and Tetanus (DPT)	02
Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	03
Diphtheria, Tetanus, Acellular Pertussis and Haemophilus Influenzae Type B (DTaP-Hib)	04



Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, and Hepatitis B (DTaP-IPV-HepB)	05
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, and Haemophilus Influenzae Type B (DTaP-IPV-Hib)	06
Hepatitis A (HepA)	07
Hepatitis B (HepB)	08
Haemophilus Influenza Type B (Hib)	09
Haemophilus Influenzae Type B and Hepatitis B (Hib-HepB)	10
Haemophilus Influenzae Type B, Hepatitis B, and Inactivated Polio (Hib-HepB-IPV)	11
Influenza (IIV, LAIV, INF)	12
Inactivated Poliovirus (IPV)	13
Measles (ME)	14
Measles, Mumps, Rubella (MMR)	15
Oral Poliovirus (OPV)	16
Pneumococcal Conjugate (PCV)	17
Rotavirus (RV)	18
Varicella (VAR)	19
Other vaccination	99

### 13.10.9 Infant Visit CRF (IFV-1)

- *(From Data Communiqué #2, 22FEB13):* Sites will no longer document the growth percentiles on the Infant Visit CRF. Instead these must be recorded on the WHO growth charts (published by the Centers for Disease Control and Prevention, 1 November 2009, and found on the MTN-016 website) for each infant at each visit.

### 13.10.10 Pregnancy Outcome CRF (PO-1)

- *(From Data Communiqué #1, 07APR11):* There is a skip rule from item 5 if one of the first two response options is marked. If the pregnancy outcome is a “full –term live birth” or a “premature live birth”, item 6 should not be completed.

**13.10.11 Ultrasound Results CRF (UR-1)**

- (From Data Communiqué #1, 07APR11): The Ultrasound Results form must be completed at all required visits (i.e. Enrollment and all Quarterly Visits). If ultrasound exam results are not available at a particular required visit, mark the “no” response box for item 1. You must also mark a reason for item 1a. If results are not available, record the date of the required visit for the Exam Date in the upper right hand corner. For example, if the first Quarterly Visit occurs on 23JUN14, and there are no ultrasound results available at this visit, you will record “23JUN14” as the exam date and mark item 1 “no” and mark the appropriate reason for item 1a.

**13.10.12 Woman Concomitant Medication Log (CM-1)**

- All concomitant medications taken throughout the course of the study, starting from screening, should be recorded on the CM-1.
- Each time a new entry is added or an existing entry is modified on the CM-1, the form page should be faxed to SCHARP DataFax. Do not wait to complete all entries on a page before faxing it to SCHARP DataFax.

**13.10.13 Woman Missed Visit CRF (MV-1)**

- (From Data Communiqué #4, 01MAY14): The instructions on the back of the Woman Missed Visit form have been updated to provide clarification that sites should record a corrective action plan for a missed visit protocol deviation in the comments section of the Woman Missed Visit CRF.

**13.10.14 Woman Protocol Deviation Log (PDL-1)**

- (From Data Communiqué #4, 01MAY14): This form documents all MTN-016-related protocol deviations for mothers. The completed form should be faxed to SCHARP DataFax in the same manner as all the other CRFs completed for this study. This form is not included in the Schedule of Forms. However, it can be sent it at any point in time during the study.
- Missed Visits are counted as protocol deviations in MTN-016. However, a Woman Protocol Deviation Log does not need to be completed if a woman misses a visit. We will know that a protocol deviation due to a missed visit has occurred by the presence of the Woman Missed Visit CRF. Since sites are required to record a corrective action plan for a protocol deviation, sites should record this information in the comments section of the Woman Missed Visit CRF.

**13.11 Miscellaneous Information****13.11.1 Specimen Label Supply**

- SCHARP will ensure sites have access to specimen labels (printed on-site). Specimen labels should be used for all primary specimen collection containers. Please refer to the Laboratory section of the SSP (Section 12) for more information on laboratory specimen collection and labeling.

### **13.12 Case Report Forms**

This section contains each MTN-016 case report form developed for the study. Detailed form completion instructions for each form are provided on the back of each form page. Refer to the Visit Checklist of a given visit for a suggested order in which the forms should be completed at that visit.

**SAMPLE**. Do NOT FAX  
TO DATAFAX

MTN 016 (164)



GSH-1 (101)

Pregnancy #

.

Visit Code

**Participant ID**

-     -  -

Site Number Participant Number Chk Cohort

**Genetic Screening History**

**Visit Date**

dd MMM yy

1. Has the participant, or members of her family, ever been diagnosed with any of the following conditions?

	yes	no	don't know	
1a. Cleft-Lip or Palate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes, record family relative codes:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1b. Heart Defects, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1c. Spina Bifida ( <i>Open Spine</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1d. Muscle Disease/Muscular Dystrophy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1e. Mental Retardation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1f. Down Syndrome .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1g. Cystic Fibrosis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1h. Kidney Disease .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1i. Sickle Cell Anemia .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1j. Hemophilia ( <i>Bleeder's Disease</i> ) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1k. <i>Thalassemia (Mediterranean or Cooley's Anemia)</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1l. Other, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

---

## Genetic Screening History (GSH-1)

**Purpose:** This form is used to document significant genetic conditions of the participant (and her family), and the biological father (and his family) of the fetus/infant.

**General Information/Instructions:** This form is first completed at the Enrollment Visit. It is updated at each quarterly visit until the Pregnancy Outcome form is completed. All updated pages of the form must be faxed to SCHARP Data Fax. A new Genetic Screening History form is completed for each subsequent pregnancy.

**Pregnancy # and Visit Code:** The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. The Visit Code has been pre-filled with 1.0, because this form will always be completed at the first visit of a pregnancy cycle. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.

### Item-specific Instructions:

- **Item 1:** Ask each participant if she, or members of her family, have been diagnosed with any of the conditions listed in items 1a–11.
- **Items 1a–11:** If yes, record the appropriate family code(s) for each item:

Family relative codes:

01 = self

02 = parent

03 = sibling (brother or sister)

04 = grandparent (maternal or paternal)

05 = aunt or uncle (maternal or paternal)

06 = first cousin

07 = previous child(ren)

60 = other (none of the above mentioned relatives)

99 = more than 4 family members

***Note:** If more than four family members have been diagnosed with a specific condition, record three corresponding family codes in the first three pairs of boxes and record “99” in the fourth pair of boxes. For example, if the participant reports that she, her mother, her sister, her aunt, and her grandmother have all been diagnosed with sickle cell anemia, item 1i should be marked “yes,” and the codes “01,” “02,” “03,” and “99” should be recorded in the family relative codes for this item.*

SAMPLE. Do NOT FAX TO DATAFAX

MTN 016 (164)



GSH-2 (102)

Pregnancy # [ ][ ]

Pregnancy #

Visit Code [1].[0]

Visit Code

[1]

Participant ID

Site Number [ ][ ] Participant Number [ ][ ][ ][ ] Chk [ ] Cohort [0]

Genetic Screening History

2. Has the biological father, or members of his family, ever been diagnosed with any of the following conditions?

2a. Cleft-Lip or Palate ..... 2b. Heart Defects, specify: ..... 2c. Spina Bifida (Open Spine) ..... 2d. Muscle Disease/Muscular Dystrophy ..... 2e. Mental Retardation ..... 2f. Down Syndrome ..... 2g. Cystic Fibrosis ..... 2h. Kidney Disease ..... 2i. Sickle Cell Anemia ..... 2j. Hemophilia (Bleeder's Disease) ..... 2k. Thalassemia (Mediterranean or Cooley's Anemia) ..... 2l. Other, specify: ..... Includes response options (yes, no, don't know) and family relative codes.

---

## Genetic Screening History (GSH-2)

### Item-specific Instructions:

- **Item 2:** Ask each participant if the biological father or members of his family have been diagnosed with any of the conditions listed in items 2a–2l.
- **Items 2a–2l:** If yes, record the appropriate family code(s) for each item:

Family relative codes:

01 = biological father

02 = biological father's parent

03 = biological father's sibling (brother or sister)

04 = biological father's grandparent (maternal or paternal)

05 = biological father's aunt or uncle (maternal or paternal)

06 = biological father's first cousin

07 = biological father's previous child(ren)

60 = other (none of the above mentioned relatives)

99 = more than 4 family members

***Note:** If more than four family members have been diagnosed with a specific condition, record three corresponding family codes in the first three pairs of boxes and record "99" in the fourth pair of boxes. For example, if the participant reports that the biological father, his mother, his sister, his aunt, and his grandmother have all been diagnosed with sickle cell anemia, item 2i should be marked "yes," and the codes "01," "02," "03," and "99" should be recorded in the family relative codes for this item.*

SAMPLE: Do NOT FAX TO DATAFAX

MTN 016 (164)



GSH-3 (103)

Pregnancy #

Pregnancy #

1 0

Visit Code

1

Participant ID

Site Number - Participant Number - Chk - Cohort

Genetic Screening History

- 3. Is the biological father a blood relative of the participant (woman)?
3a. Degree of relation:
4. Has the participant been diagnosed with diabetes?
5. Has the participant been diagnosed with epilepsy or seizures?
6. Has the participant ever drunk alcoholic beverages regularly (three or more drinks each week)?
6a. During this pregnancy, did/does the participant drink alcoholic beverages?
6b. During this pregnancy, how often did/does the participant drink alcoholic beverages?
6c. During this pregnancy, how often did/does the participant drink five or more alcoholic beverages in one day?
7. Has the participant ever smoked cigarettes regularly (one or more cigarettes per week)?
7a. During this pregnancy, did/does the participant smoke cigarettes regularly (one or more cigarettes per week)?
7b. During this pregnancy, how many cigarettes did/does the participant smoke each day?



---

## Genetic Screening History (GSH-3)

### Item-specific Instructions:

- **Item 3a:** Mark the appropriate degree of relationship of the biological father (of the fetus/infant) to the participant.
  - 1st degree = father, brother, son
  - 2nd degree = grandfather, grandson, uncle, nephew, half brother
  - 3rd degree = first male cousin, great grandfather (grandfather's father), great uncle (uncle's father)
- **Items 6b, 6c, and 7b:** Mark the most accurate response box for each item.

**SAMPLE** *Do NOT FAX TO DATAFAX*

MTN 016 (164)



GSH-4 (104)

Pregnancy #

Visit Code

**Participant ID**

-     -  -

Site Number      Participant Number      Chk      Cohort

**Genetic Screening History**

8. Has the participant ever used recreational drugs (marijuana, cocaine, heroine, etc.)?.....  *yes*       *no* → **If no, go to item 9 on page 5.**

8a. During this pregnancy, did/does the participant use recreational drugs?.....  *yes*       *no* → **If no, go to item 9 on page 5.**

8b. During the last 2 years, how often has the participant used the following recreational drugs?

	<i>never</i>	<i>&lt; once a month</i>	<i>at least once a month but &lt; once a week</i>	<i>1-2 days a week</i>	<i>3-6 days a week</i>	<i>every day</i>
8b1. marijuana .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b2. crack cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b3. cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b4. amphetamines/ methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b5. heroin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b6. hallucinogens/ Ecstasy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b7. unknown non-injected drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b8. other, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

## Genetic Screening History (GSH-4)

### Item-specific Instructions:

- **Item 8b1–8b8:** Mark the most accurate response box for each item.

**SAMPLE**. Do NOT FAX  
TO DATAFAX

MTN 016 (164)



GSH-5 (105)

Pregnancy #

Visit Code

**Participant ID**

-     -  -

Site Number

Participant Number

Chk

Cohort

**Genetic Screening History**

9. Does the participant report any exposures to toxic chemicals, substances, or materials such as work pollutants, contaminated water, pesticides, fertilizers, environmental toxins, cleaning agents, etc., during this pregnancy or within the year prior to this pregnancy? .....

yes

no

➔ **If no, go to item 10.**

9a. If yes, describe the exposures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has the participant ever given birth to an infant who died within the first 8 weeks of life? .....

yes

no

➔ **If no, go to item 11.**

10a. Number of infant deaths within first 8 weeks of life: .....

number of deaths

11. Has the participant had any illnesses (including fever/rashes) during this pregnancy? .....

yes

no

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

## Genetic Screening History (GSH-5)

### Item-specific Instructions:

- **Items 9 and 9a:** These items are used to collect information about exposure to any toxic or potentially toxic substances. Local examples should be provided to each participant when asking this question. When describing the exposures, be sure to include the substance, frequency of exposure, and duration of exposure.

SAMPLE. Do NOT FAX TO DATAFAX



MTN 016 (164)

PPP-1 (080)

Participant ID

Site Number - Participant Number - Chk - Cohort (0)

Parent Protocol Participation

Visit Date

dd MMM yy

1. Parent protocol network: MTN OR other. If other, specify in Comments. Go to item 4.

1a. Parent protocol number: [ ] [ ] [ ]

1b. Parent protocol Participant ID: [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] - [ ] Chk

2. Is the participant completing a parent protocol (MTN only) visit at this MTN 016 visit? yes no. If no, go to item 3.

2a. Visit code of parent protocol visit completed today: [ ] [ ] . [ ]

3. Was/is the participant enrolled in any other MTN study in addition to the parent protocol recorded in item 1a? yes no. If no, go to item 4.

3a. First MTN protocol number and Participant ID: [ ] [ ] [ ] Protocol Number [ ] [ ] [ ] Site Number - [ ] [ ] [ ] [ ] [ ] [ ] Participant Number - [ ] Chk

3b. Second MTN protocol number and Participant ID: [ ] [ ] [ ] Protocol Number [ ] [ ] [ ] Site Number - [ ] [ ] [ ] [ ] [ ] [ ] Participant Number - [ ] Chk

4. Was/is the participant enrolled in any other non-MTN study with an investigational product? yes no. If no, end of form.

4a. Record name of non-MTN study: \_\_\_\_\_

Comments: \_\_\_\_\_

---

## Parent Protocol Participation (PPP-1)

**Purpose:** This form is used to document the participant's parent protocol and her previous enrollment in other MTN or non-MTN studies with investigational product(s).

**General Information/Instructions:** This form is completed only once for each participant, at the Enrollment Visit. Updates should be made as needed throughout MTN 016 participation.

*Note: There is no visit code field on this form since this form is only completed at the Enrollment Visit.*

### Item-specific Instructions:

- **Item 1:** If the parent protocol is not an MTN study, specify the non-MTN microbicide study network or group, study name, and study phase in the comments section at the bottom of the form (e.g., "Pop Council, Carraguard Phase III").
- **Items 2 and 2a:** If the participant is completing an MTN parent protocol visit (regular visit or interim visit) on this same day, mark "yes," and record the visit code (regular or interim) of the MTN parent protocol visit completed on this date.
- **Items 3a and 3b:** These items include past participation in protocols such as HPTN 055 and HPTN 035. If the participant was/is only enrolled in one other MTN study (including the studies mentioned above) in addition to the parent protocol complete item 3a and leave item 3b blank.
- **Item 4a:** Specify the non-MTN microbicide study network or group, study name, and study phase on the lines provided (e.g., "Pop Council, Carraguard Phase III").

**SAMPLE**. Do NOT FAX TO DATAFAX

MTN 016 (164)



PO-1 (441)

Pregnancy #

Visit Code 1.0

Outcome Number

**Participant ID**

---0  
Site Number Participant Number Chk Cohort

**Pregnancy Outcome**

Outcome unobtainable  
End of form. Do not fax pages 2 & 3 to SCHARP DataFax.

If Outcome Number (from upper right-hand corner) is 2 or greater, go to item 2.

1. How many pregnancy outcomes resulted from this reported pregnancy? .....

2. Outcome Date: .....  dd  MMM  yy

3. At which study visit was this outcome reported? .....  Pregnancy #  Visit Code 1

4. Place of delivery/outcome:

- home
- hospital
- clinic
- unknown
- other, specify: \_\_\_\_\_

5. Specify Outcome: *Mark only one.*

- full-term live birth (≥ 37 weeks)
- premature live birth (< 37 weeks)
- stillbirth/intrauterine fetal demise (≥ 20 weeks)
- spontaneous abortion (< 20 weeks)
- ectopic pregnancy
- therapeutic/elective abortion
- other, specify: \_\_\_\_\_

5a. Method:  C-section  standard vaginal  operative vaginal

*If full-term or premature live birth, go to item 7 on page 2. If C-section, refer to the parent protocol for AE and EAE reporting requirements.*

*Refer to the parent protocol for AE and EAE reporting requirements.*

6. Provide a brief narrative of the circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



---

## Pregnancy Outcome (PO-1)

**Purpose:** This form is used to report pregnancy outcome information for a pregnancy reported post-enrollment. Complete this form when information about a pregnancy outcome becomes available to study staff or when it is determined that pregnancy outcome is unobtainable.

**General Information/Instructions:** A Pregnancy Outcome form is required for each Pregnancy Report and History form that is completed for a participant.

- **Pregnancy # and Visit Code:** Record the Pregnancy # assigned to the visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. The Visit Code has been pre-filled and matches to the participant's corresponding Pregnancy Report and History form. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.
- **Outcome Number:** A pregnancy outcome can be an infant or fetus. The conception of twins, for example will result in reporting of two outcomes. For a pregnancy resulting in one pregnancy outcome, record "1" here. For a pregnancy with multiple outcomes, record the outcome number matching the outcome data recorded on the form.
- **Outcome unobtainable:** If it is determined that an outcome is unobtainable (that is, the participant refuses further contact), mark the "Outcome unobtainable" box at the top of the page and only fax page 1 of this form, do not fax pages 2 and 3.

### Item-specific Instructions:

- **Item 1:** Item 1 is completed for Outcome Number 1, and skipped if Outcome Number is 2 or greater. If a pregnancy results in two or more outcomes, complete two or more Pregnancy Outcome forms (one for each outcome). All Pregnancy Outcome forms for **this** pregnancy will have the same Pregnancy # and Visit Code but different Outcome Numbers (for example, one Pregnancy Outcome form will have an Outcome Number = 1 and the second form will have an Outcome Number = 2).
- **Item 2:** Record the date of the pregnancy outcome. All efforts should be made to obtain a complete pregnancy outcome date. If a complete date (day, month, and year) is not available, record the best estimate possible. At a minimum try to record the month and year of the pregnancy outcome. If the pregnancy outcome date is more than one year ago the participant is not eligible. End the form and do NOT fax this or any other forms completed for this participant to SCHARP DataFax.
- **Item 5:** Refer to the parent protocol for AE and EAE reporting requirements for C-sections and pregnancy losses. If the pregnancy outcome seems to be an outcome other than those listed, contact SCHARP for further instruction.
- **Item 5a:** "Operative vaginal" delivery includes delivery with forceps and/or vacuum.
- **Item 6:** Include information on medical conditions associated with the outcome, including early contractions, rupture of membranes, and cramping, along with actions taken as a result of these conditions.

**SAMPLE**. Do NOT FAX  
TO DATAFAX

MTN 016 (164)



PO-2 (442)

Pregnancy #

Visit Code 10

Outcome Number

**Participant ID**

---0  
Site Number Participant Number Chk Cohort

**Pregnancy Outcome**

7. Were there any complications related to the pregnancy outcome? .....  yes  no **If no, go to item 8.**

7a. Delivery-related complications. Mark "none" or all that apply.

- 7a1. none **If none, go to item 7b.**
- 7a2. intrapartum hemorrhage
- 7a3. postpartum hemorrhage
- 7a4. non-reassuring fetal status
- 7a5. chorioamnionitis
- 7a6. other, specify: \_\_\_\_\_

7b. Non-delivery-related complications. Mark "none" or all that apply.

- 7b1. none **If none, go to item 8.**
- 7b2. hypertensive disorders of pregnancy
- 7b3. gestational diabetes
- 7b4. other, specify: \_\_\_\_\_

8. Were any fetal/infant congenital anomalies identified? .....  yes  no  unknown **If no or unknown, go to statement below item 8b.**

8a. Congenital anomalies identified. Mark all that apply. Refer to the parent protocol for AE and EAE reporting requirements.

- |   |  |
|---|--|
| <input type="checkbox"/> 8a1. Central nervous system, cranio-facial | <input type="checkbox"/> 8a9. Skin                       |
| <input type="checkbox"/> 8a2. Central nervous system, spinal        | <input type="checkbox"/> 8a10. Genitourinary             |
| <input type="checkbox"/> 8a3. Cardiovascular                        | <input type="checkbox"/> 8a11. Chromosomal               |
| <input type="checkbox"/> 8a4. Renal                                 | <input type="checkbox"/> 8a12. Craniofacial (structural) |
| <input type="checkbox"/> 8a5. Gastrointestinal                      | <input type="checkbox"/> 8a13. Hematologic               |
| <input type="checkbox"/> 8a6. Pulmonary                             | <input type="checkbox"/> 8a14. Infectious                |
| <input type="checkbox"/> 8a7. Musculoskeletal/extremities           | <input type="checkbox"/> 8a15. Endocrine/metabolic       |
| <input type="checkbox"/> 8a8. Physical defect                       | <input type="checkbox"/> 8a16. Other                     |

8b. Describe the congenital anomaly/defect: \_\_\_\_\_

**If live birth, go to page 3. Otherwise, end of form. Do not fax page 3 to SCHARP.**

---

## Pregnancy Outcome (PO-2)

**General Information/Instructions:** If it is determined that an outcome is unobtainable (that is, the participant refuses further contact), the “Outcome unobtainable” box at the top of page 1 must be marked. Pages 2 and 3 should not be faxed to SCHARP DataFax.

- **Pregnancy # and Visit Code:** Record the Pregnancy # assigned to the visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. The Visit Code has been pre-filled and matches to the participant’s corresponding Pregnancy Report and History form. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.
- **Outcome Number:** A pregnancy outcome can be an infant or fetus. The conception of twins, for example will result in reporting of two outcomes. For a pregnancy resulting in one pregnancy outcome, record “1” here. For a pregnancy with multiple outcomes, record the outcome number matching the outcome data recorded on the form.

### Item-specific Instructions:

- **Items 8 and 8a:** Refer to the parent protocol for AE and EAE reporting requirements for congenital anomalies.
- **Instruction at bottom of page:** “If live birth go to page 3. Otherwise, end of form. Do not fax page 3 to SCHARP.” For all pregnancy outcomes other than live births this is the end of the form; only fax pages 1 and 2 to SCHARP DataFax.

**SAMPLE**. Do NOT FAX  
TO DATAFAX

MTN 016 (164)

PO-3 (443)   Pregnancy #

1  0  
Visit Code

Outcome Number

**Participant ID**

-  -  -  0  
Site Number Participant Number Chk Cohort

**Pregnancy Outcome**

9. Record Infant Participant ID: .....  -  -  -  *not consented* OR

10. Infant gender: .....  *male*  *female*  *unknown*

11. Infant birth weight: .....  .  kg *unavailable* OR

12. Infant birth length: .....  .  cm *unavailable* OR

13. Infant birth head circumference: .....  .  cm *unavailable* OR

14. Infant birth abdominal circumference: .....  .  cm *unavailable* OR

15. Infant gestational age based on obstetric assessment: .....  *weeks*  *days* *unavailable* OR

16. Classification of the newborn by birth weight and gestational age (obstetric or by examination):

- Large for gestational age (> 90%)
- Appropriate for gestational age
- Small for gestational age (< 10%)
- Intrauterine growth retardation (< 3%)
- Classification not available

17. Infant APGAR score at 1 minute: .....  *not available* OR

18. Infant APGAR score at 5 minutes: .....  *not available* OR

19. Infant APGAR score at 10 minutes: .....  *not available* OR

Comments: \_\_\_\_\_

08-JUL-09

0  1  
Language

\_\_\_\_\_  
Staff Initials / Date

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## Pregnancy Outcome (PO-3)

**General Information/Instructions:** Page 3 is only completed for pregnancy outcomes resulting in a live birth. For any other pregnancy outcome, do not fax page 3 to SCHARP DataFax.

- **Pregnancy # and Visit Code:** Record the Pregnancy # assigned to the visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. The Visit Code has been pre-filled and matches to the participant's corresponding Pregnancy Report and History form. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.
- **Outcome Number:** A pregnancy outcome can be an infant or fetus. The conception of twins, for example will result in reporting of two outcomes. For a pregnancy resulting in one pregnancy outcome, record "1" here. For a pregnancy with multiple outcomes, record the outcome number matching the outcome data recorded on the form.

### Item-specific Instructions:

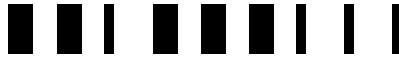
- **Item 9:** If the infant corresponding to this Pregnancy Outcome form is consented for MTN 016, record the infant's Participant ID. If the infant is not consented, mark the "not consented" box.

*Note: The infant Participant ID is completed as follows:*

- *the first 8 digits are identical to the mother's Participant ID*
- *the last digit, the cohort, is completed as follows:*
  - *for the first infant born **and** enrolled in MTN 016, cohort = 1*
  - *for the second infant born **and** enrolled in MTN 016, cohort = 2*
  - *for the third infant born **and** enrolled in MTN 016, cohort = 3*
  - *for the fourth infant born **and** enrolled in MTN 016, cohort = 4; etc.*
- *Refer to the SSP Manual for more specific information on Participant IDs for MTN 016.*

SAMPLE Do NOT FAX TO DATAFAX

MTN 016 (164)



PR-1 (440)

Pregnancy #

1 0

1

Visit Code

Participant ID

Site Number Participant Number Chk Cohort

Pregnancy Report and History

PREGNANCY REPORT

- 1. First day of last menstrual period:
2. Estimated date of delivery:
3. What information was used to estimate the date of delivery?
3a. last menstrual period
3b. initial ultrasound < 20 weeks
3c. initial ultrasound >= 20 weeks
3d. physical examination
3e. conception date by assisted reproduction
3f. other, specify:

dd MMM yy

dd MMM yy

yes no

yes no

yes no

yes no

yes no

yes no

yes no

If either are yes, complete Ultrasound Results form.

PREGNANCY HISTORY

- 4. Has the participant ever been pregnant before?
4a. Is this the participant's first pregnancy since enrollment in this study?
4b. Number of full-term live births (>= 37 weeks):
4c. Number of premature live births (< 37 weeks):
4d. Number of spontaneous fetal deaths and/or still births (>= 20 weeks):
4e. Number of spontaneous abortions (< 20 weeks):
4f. Number of therapeutic/elective abortions:
4g. Number of ectopic pregnancies:
5. Does the participant have a history of pregnancy complications or fetal/infant congenital anomalies?
5a. If yes, specify:

yes no

yes no

If no, end of form.

yes no

If no, go to item 5.

dd

dd

dd

dd

dd

dd

yes no

yes no

If no, end of form.

Comments:

08-JUL-09

01

Language

Staff Initials / Date

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## **Pregnancy Report and History (PR-1)**

**Purpose:** This form is used to report a pregnancy of a study participant. This form will be completed one time for each “pregnancy cycle.” Refer to the Study-Specific Procedures (SSP) Manual for more specific information about pregnancy cycles.

**General Information/Instructions:** This form is completed at the participant’s Enrollment Visit and with each subsequent consent.

- **Pregnancy # and Visit Code:** Record the Pregnancy #. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. The Visit Code has been pre-filled with 1.0 because this form will always be completed at the first visit of a pregnancy cycle. Refer to the SSP Manual for more specific information on assigning visit codes.

### **Item-specific instructions:**

- **Item 1:** Complete date required. Record best estimate if date not known.
- **Item 2:** Complete date required.
- **Item 3d:** Physical examination includes fundal height, uterine size by pelvic exam, and/or fetal heart rate.
- **Item 5:** Include information on pregnancy complications and fetal/infant congenital anomalies experienced prior to enrolling in the study as well as any conditions experienced/reported during the study.

SAMPLE. Do NOT FAX TO DATAFAX



Note: Number pages sequentially (01, 02, 03) for each participant

Page [ ] [ ]

MTN 016 (164)

SHA-1 (155)

Page 1 of 1

Participant ID

[ ][ ][ ]-[ ][ ][ ]-[ ]-[ 0 ]  
Site Number Participant Number Chk Cohort

Social Harms Assessment Log

Date Reported to Site

[ ][ ] [ ][ ][ ] [ ][ ]  
dd MMM yy

1. This form is being completed to report possible problems or social harms encountered as a result of being in this study. Which participant(s) experienced the problem(s)?

- woman only -> If woman only, go to item 2.
 infant only
 both woman and infant

1a. Infant Participant ID: [ ][ ][ ]-[ ][ ][ ][ ]-[ ]-[ ]
Site Number Participant Number Chk Cohort

2. Since the last visit, the participant(s) has (have) had problems with the following. Mark all that apply.

- 2a. primary sex partner
 2b. people at home/family
 2c. friends/personal relationships
 2d. people at work
 2e. people at school
 2f. nurse or clinician outside of study
 2g. landlord or property owner
 2h. anyone else, specify:

3. Has this problem (have any of these problems) resulted in...

- 3a. emotional harm to the participant(s)? For example, has (have) the participant(s) experienced increased stress, anxiety, worry, or depression as a result of this problem?
3b. physical harm to the participant(s)? For example, has anyone physically hurt the participant(s) as a result of this problem?
3c. economic/financial harm to the participant(s)? For example, has this problem resulted in the loss of the participant's(s') home, property, or ability to earn income?
3d. physical or other harm to the participant's children?

yes no
[ ] [ ]
[ ] [ ]
[ ] [ ]
[ ] [ ]

If no to all, end of form.

4. Describe the problem, including outcome. Do not record participant's verbatim response.

[ ]
[ ]
[ ]



---

## Social Harms Assessment Log (SHA-1)

**Purpose:** This log is used to document social harms—that is, problems the woman and/or infant participant may have encountered as a result of being **in the study**. Refer to the Study-Specific Procedures (SSP) Manual, Section 11.2, for more specific information about follow-up of social harms.

**General Information/Instructions:** If more than one enrolled infant is involved, complete a second Social Harms Assessment Log, providing the appropriate infant Participant ID and details.

- **Page:** Number pages sequentially throughout the study, starting with 01. Do not repeat page numbers. Do not renumber any Social Harms Assessment Log pages after faxing, unless instructed by SCHARP.
- **Participant ID:** Complete the Participant ID using the woman participant's Participant ID. Even if the social harm is only directed at the infant, the woman's Participant ID must be recorded here.

### Item-specific instructions:

- **Items 1 and 1a:** If the infant participant experienced the problem, the infant Participant ID must be recorded in item 1a.
- **Item 4:** Describe the problem and the outcome. Do not record the participant's verbatim response—describe the problem in your own words so that the nature of the problem is clear.

**SAMPLE** *Do NOT FAX TO DATAFAX*

MTN 016 (164)



UR-1 (120)

Pregnancy #

Visit Code

1

**Participant ID**

-     -  -  0

Site Number Participant Number Chk Cohort

**Ultrasound Results**

**Exam Date**

dd MMM yy

1. Are ultrasound exam results available at this visit?  <sup>yes</sup>  <sup>no</sup>

1a. Reason ultrasound exam results not available: → **If yes, go to item 2.**

participant not pregnant at this time

other, specify: \_\_\_\_\_

→ **End of form.**

2. Estimated gestational age (at time of ultrasound): \_\_\_\_\_ <sup>weeks</sup>   <sup>days</sup>  → **If estimated gestational age is ≥ 14 0/7 weeks, go to item 2b.**

2a. Crown-rump length: \_\_\_\_\_   .  cm → **Go to item 3.**

2b. Biparietal diameter: \_\_\_\_\_   .  cm

2c. Femur length: \_\_\_\_\_   .  cm OR  <sup>Not done/ Not collected</sup>

**ANATOMICAL SURVEY DATA**

	<i>not visualized</i>	<i>normal</i>	<i>abnormal</i>	<b>If abnormal, record description:</b>
3. Intracranial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Face/lip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Spine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Thorax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Four-chamber heart .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Stomach .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Kidneys .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Bladder (urinary) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Cord insertion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Upper limbs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Lower limbs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Gender .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Amniotic fluid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

27-OCT-09

01

Language

Staff Initials / Date

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## Ultrasound Results (UR-1)

**Purpose:** This form is used to document ultrasound results for each ultrasound completed during a pregnancy for MTN 016.

**General Information/Instructions:** This form is completed and faxed to SCHARP DataFax at each visit (that is, the Enrollment Visit and each completed Quarterly visit).

- **Pregnancy # and Visit Code:** Record the Pregnancy # and Visit Code assigned to the visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.
- **Exam Date:** This is the date the ultrasound is completed, not the date the results are available or reviewed.

### Item-specific Instructions:

- **Item 2a:** Complete this item if the gestational age at the time of ultrasound is **less than** 14 weeks and 0 days.
- **Items 2b and 2c:** Complete these items if the gestational age at the time of ultrasound is **equal to or greater than** 14 weeks and 0 days.
- **Items 3–15:** For each item marked “abnormal,” record the description of the abnormality on the corresponding line.

SAMPLE Do NOT FAX TO DATAFAX



Note: Number pages sequentially (01, 02, 03) for each participant

Page [ ] [ ]

MTN 016 (164)

CM-1 (423)

Participant ID

Site Number [ ][ ] - Participant Number [ ][ ][ ] - Chk [ ] - Cohort [0]

Woman Concomitant Medications Log

No medications taken during pregnancy before Enrollment. Staff Initials/Date [ ][ ] [ ][ ]
No medications taken throughout study. Staff Initials/Date [ ][ ] [ ][ ]
End of form. Fax to SCHARP DataFax.

1. Medication (generic name) Staff Initials/Log Entry Date
Indication
Date Started [ ][ ][ ][ ][ ] Date Stopped [ ][ ][ ][ ][ ] OR [ ] Continuing at end of study
Frequency Mark only one. [ ] prn [ ] qd [ ] tid [ ] qhs [ ] qhx: every [ ][ ] hrs
Dose/Units Route PO IM IV TOP IHL VAG REC other, specify: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

2. Medication (generic name) Staff Initials/Log Entry Date
Indication
Date Started [ ][ ][ ][ ][ ] Date Stopped [ ][ ][ ][ ][ ] OR [ ] Continuing at end of study
Frequency Mark only one. [ ] prn [ ] qd [ ] tid [ ] qhs [ ] qhx: every [ ][ ] hrs
Dose/Units Route PO IM IV TOP IHL VAG REC other, specify: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

3. Medication (generic name) Staff Initials/Log Entry Date
Indication
Date Started [ ][ ][ ][ ][ ] Date Stopped [ ][ ][ ][ ][ ] OR [ ] Continuing at end of study
Frequency Mark only one. [ ] prn [ ] qd [ ] tid [ ] qhs [ ] qhx: every [ ][ ] hrs
Dose/Units Route PO IM IV TOP IHL VAG REC other, specify: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

[ ][ ][ ] [x] 08-JUL-09

[0][1] Language

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## Woman Concomitant Medications Log (CM-1)

**Purpose:** This form is used to document all medication(s) used by the woman participant during the study including any medications taken during pregnancy. This includes, but is not limited to, prescription medications, non-prescription (that is, over-the-counter) medications, preventive medications and treatments (e.g., allergy shots, flu shots, and other vaccinations), herbal preparations, vitamin supplements, naturopathic preparations, and recreational drugs.

**General Information/Instructions:** When to fax this form:

- once the participant has enrolled in the study;
  - when pages have been updated or additional Log pages have been completed (only fax updated or new pages);
  - when the participant has completed study participation; and/or
  - when instructed by SCHARP.
- **Page:** Number pages sequentially throughout the study, starting with 01. Do not repeat page numbers. Do not renumber any Concomitant Medications Log pages after faxing, unless instructed by SCHARP.
  - **No medications taken during pregnancy before Enrollment:** Mark this box if no medications were taken by the participant during pregnancy before the Enrollment Visit. This box should only be marked on Page 01.
  - **No medications taken throughout study:** Mark this box at the Termination visit if no medications were taken by the participant throughout the entire study.

### Item-specific instructions:

- **Medication:** For combination medications, record the first three main active ingredients.
- **Indication:** For health supplements, such as multivitamins, record “general health.” For preventive medications, record “prevention of [insert condition]” (e.g., for flu shot, record “prevention of influenza”). For recreational drugs, record “recreation.”
- **Date Started:** If the participant is unable to recall the exact date, obtain participant’s best estimate. At a minimum, the year is required.
- **Date Stopped:** At the participant’s Termination visit, the “Date Stopped” must be recorded for each medication OR the “Continuing at end of study” box must be marked. At a minimum, the month and year are required.
- **Frequency:** Below is a list of common frequency abbreviations:

<b>prn</b> as needed	<b>qd</b> every day	<b>tid</b> three times daily	<b>qhs</b> at bedtime
<b>once</b> one time	<b>bid</b> twice daily	<b>qid</b> four times daily	<b>qhx</b> every x hours

- **Route:** Below is a list of common route abbreviations:

<b>PO</b> oral	<b>IM</b> intramuscular	<b>IV</b> intravenous	<b>TOP</b> topical	<b>IHL</b> inhaled	<b>VAG</b> vaginal	<b>REC</b> rectal
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- **Dose/Units:** If the participant does not know the dose or units, draw a single line through the blank response box and initial and date. For prescription combination medications, record the dosage of first three main active ingredients. For multivitamin tablets or liquids, record number of tablets or liquid measurement (e.g., one tablespoon).

**SAMPLE** *DO NOT FAX*  
*TO DATAFAX*

MTN 016 (164)



DEM-1 (001)

**Participant ID**

			-				-		-	0
Site Number				Participant Number				Chk		Cohort

**Woman Demographics**

**Visit Date**

dd		MMM			yy	

1. What is the participant's date of birth? ..... 

dd	

	MMM	

	yy

➔ If unknown, record age: 

	years
  
2. What is the participant's gender? ..... 

male

<input checked="" type="checkbox"/>
female
  
3. Does the participant earn an income of her own? ..... 

yes

<input type="checkbox"/>
no

➔ If no, go to item 4.
  - 3a. How does she earn her income? *Mark all that apply.*
    - 3a1. formal employment
    - 3a2. self-employed
    - 3a3. other, specify: \_\_\_\_\_
  
4. What is the participant's highest level of education?
  - no schooling
  - primary school, not complete
  - primary school, complete
  - secondary school, not complete
  - secondary school, complete
  - attended college or university
  
5. Does the participant, or someone in her family, own the home she currently lives in?..... 

yes

no
  
6. How many rooms are in the participant's household? ..... 

	# of rooms
  
7. Is the participant currently married? ..... 

yes

no
  
8. What is the participant's ethnic group or tribe? ..... 

	ethnic/tribe code

*If other, specify:* \_\_\_\_\_

**U.S. SITES ONLY:**

9. Does the participant consider herself to be Latina or of Hispanic origin? ..... 

yes

no

## Woman Demographics (DEM-1)

**Purpose:** This form is used to document general demographic information.

**General Information/Instructions:** This form is completed once for each participant, at the Enrollment Visit.

Note: There is no visit code field on this form since this form is only completed at the Enrollment Visit.

### Item-specific Instructions:

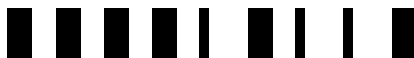
- **Item 2:** This item has already been completed based on the expected study population. Please skip this item.
- **Item 3a:** Record whether the participant’s source(s) of income is/are from formal employment (e.g., shop clerk, farmer, seamstress, teacher), self-employment (e.g., shop owner, artist, restaurant owner), or other type of employment.
- **Item 5:** Record whether or not the participant or someone in her family owns the home where she lives.
- **Item 8:** This item asks about ethnic group or tribe. Record the 2-digit country-specific code below that is associated with the participant’s ethnic group or tribe. If the participant responds with “other,” record the participant’s verbatim (word-for-word) response on the “Local Language” line. If the participant responds in a language other than English, provide the English translation of the response on the “English” line.

MALAWI	SOUTH AFRICA	UGANDA	UNITED STATES	ZAMBIA	ZIMBABWE
01 - Chichewa	07 - Zulu	11 - Black	18 - American Indian or Alaskan Native	12 - Bemba	16 - Shona
02 - Lomwe	08 - Xhosa	06 - White	19 - Asian	13 - Chewa	17 - Ndebele
03 - Yao	09 - Indian	99 - Other	20 - Black or African American	14 - Tonga	05 - Other African tribe
04 - Tumbuka	10 - Colored		21 - Native Hawaiian or other Pacific Islander	15 - Lozi	06 - White
05 - Other African tribe	05 - Other African tribe		06 - White	05 - Other African tribe	99 - Other
06 - White	06 - White		99 - Other	06 - White	
99 - Other	99 - Other			99 - Other	

- **Item 9:** This item is only completed by U.S. sites. All non-U.S. sites leave this item blank.



MTN 016 (164)



ESI-1 (489)

**Participant ID**

-     -  -

Site Number Participant Number Chk Cohort

**Woman End of Study Inventory**

**Form Completion Date**

/     /

dd MMM yy

- What is the **highest** visit code (scheduled or interim) for this participant, recorded on a form submitted via DataFax?.....
- How many interim visits were conducted for this participant during the study and recorded on a form submitted via DataFax? .....

.

Pregnancy # Visit Code

*# of interim visits*

- Indicate the **highest** page number submitted for this participant for each of the following form(s):

3a. Woman Concomitant Medications Log ..... *page #*

3b. Social Harms Assessment Log ..... *page #*   OR *no pages submitted*

Comments: \_\_\_\_\_



---

## Woman End of Study Inventory (ESI-1)

**Purpose:** This form is used to confirm that SCHARP has received all study data for a given woman participant.

**General Information/Instructions:** Complete this form **once** for each enrolled participant after the participant has terminated from the study (as documented by a Termination form). This form is **not** completed at the end of each pregnancy.

- **Form Completion Date:** A complete date is required.

### Item-specific instructions:

- **Item 1:** Record the Pregnancy # and Visit Code corresponding to the highest visit code (last visit for which DataFax forms were submitted). If the participant's last visit was missed (as documented by a Missed Visit form), record the visit code of the missed visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.

*Note: Do not alter or make any changes to the last box filled with a "1" as this is required for DataFax.*

- **Item 2:** Record the total number of Interim Visit DataFax forms submitted for this participant. If no Interim Visit forms were submitted for the participant, record "000" in the boxes.

SAMPLE: Do NOT FAX TO DATAFAX



MTN 016 (164)

WEN-1 (070)

Participant ID

Site Number - Participant Number - Chk - Cohort (0)

Woman Enrollment

Visit Date

dd MMM yy

1. Does the participant meet all eligibility criteria? ..... yes no [ ] [ ] -> If no, participant is ineligible. End of form. Do not fax to SCHARP DataFax.

2. Date study informed consent signed or thumbprinted: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] dd MMM yy

3. During the participation in the parent protocol, did/does the participant have a known confirmed pregnancy? ..... yes no [ ] [ ] -> If no, participant is ineligible. End of form. Do not fax to SCHARP DataFax.

3a. Known confirmed pregnancy was determined using at least one of the following sets of criteria (A or B):

Criteria A.

[ ] 3a1. two consecutive monthly study visits with positive pregnancy tests Date of 1st positive pregnancy test: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] dd MMM yy Date of 2nd positive pregnancy test: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] -> Go to item 4.

Criteria B. Mark all that apply.

- [ ] 3b1. auscultation of fetal heart tones [ ] 3b2. positive pregnancy test confirmed by clinic staff in the presence of clinically confirmed enlarged uterus [ ] 3b3. positive pregnancy test confirmed by clinic staff in the presence of missed menses by participant report [ ] 3b4. clinical assessment of fetal movement [ ] 3b5. demonstration of pregnancy by ultrasound

4. Has the pregnancy outcome been diagnosed? ..... yes no [ ] [ ] -> If no, go to item 5.

4a. Date of diagnosis: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] dd MMM yy

If equal to or greater than one year ago, participant is ineligible. End of form. Do not fax to SCHARP DataFax.

5. Participant's HIV status: ..... negative positive indeterminate not known [ ] [ ] [ ] [ ] -> If not known, end of form.

5a. Date and source of most recent HIV test: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] dd MMM yy parent protocol self-report [ ] [ ]

[ ] [ ] [ ] [x] 08-JUL-09

01

Language Staff Initials / Date

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## Woman Enrollment (WEN-1)

**Purpose:** This form is used to document a woman participant's study enrollment. This form is completed at the Enrollment Visit for participants determined to be eligible for the study.

**General Information/Instructions:** This form is faxed to SCHARP DataFax only if the participant is enrolled (that is, she is eligible and provides informed consent), and only after completion of the Enrollment Visit.

*Note: There is no visit code field on this form since this form is only completed at the Enrollment Visit.*

### Item-specific Instructions:

- **Item 1:** If response to this item is “no” (the participant does not meet all eligibility criteria), end the form. Do NOT fax this or any other forms completed for this participant to SCHARP DataFax.
- **Item 2:** If the participant marks the informed consent using her thumbprint, record the date the thumbprint was made.
- **Item 3:** If response to this item is “no” (the participant did/does not have a known confirmed pregnancy from the parent protocol), end the form. This participant is not eligible. Do NOT fax this or any other forms completed for this participant to SCHARP DataFax.
- **Items 3a–3b5:** These items document which criteria within A or B were met to determine the confirmed pregnancy. If item 3a1 is marked, record the dates of the two positive pregnancy tests, and go to item 4. If the confirmed pregnancy was made using criteria B, skip 3a1 and mark all that apply for items 3b1–3b5.
- **Item 4:** If the pregnancy outcome for this pregnancy has already been diagnosed, mark item 4 “yes.” Complete a Pregnancy Outcome form.
- **Item 4a:** Record the date of the pregnancy outcome. All efforts should be made to obtain a complete pregnancy outcome date. If a complete date (day, month, and year) is not available, record the best estimate possible. At a minimum try to record the month and year of the pregnancy outcome. If the pregnancy outcome date is more than one year ago, the participant is not eligible. End the form and do NOT fax this or any other forms completed for this participant to SCHARP DataFax.
- **Item 5:** Record the participant's HIV status.
- **Item 5a:** Record the date **and** source of the most recent HIV test result. If the HIV test result is available from source documentation of the parent protocol mark the “parent protocol” box. Otherwise, mark the “self-report” box.

*Note: All efforts should be made to obtain HIV test result information from laboratory source documentation.*

**SAMPLE**. Do NOT FAX  
TO DATAFAX

MTN 016 (164)



WFU-1 (125)

Pregnancy #

0

Visit Code

1

**Participant ID**

-     -  -  0

Site Number Participant Number Chk Cohort

**Woman Follow-up Visit**

**Visit Date**

dd MMM yy

1. Besides this Woman Follow-up Visit form, and the Ultrasound Results form, what other DataFax forms were completed at this visit? *Mark "none" or all that apply.*

- 1a. none → **If none, go to item 2.**
- 1b. Pregnancy Outcome
- 1c. Woman Termination
- 1d. Woman End of Study Inventory
- 1e. Social Harms Assessment
- 1f. other, specify: \_\_\_\_\_

2. Is the participant completing a parent protocol (MTN only) visit at this MTN 016 visit? .....

yes no  
  → **If no, go to item 3.**

2a. Visit code of parent protocol visit completed today.....

Visit Code

3. Has the woman been tested for HIV since her last MTN 016 study visit?

yes no  
  → **If no, end of form.**

3a. Woman's HIV status: .....

negative positive indeterminate

3b. Date and source of most recent HIV test: .....

dd MMM yy

parent protocol self-report

---

## Woman Follow-up Visit (WFU-1)

**Purpose:** This form is used to document the required (regularly scheduled) follow-up visits. It is completed at each regularly scheduled follow-up visit conducted within visit windows as specified in the Study-Specific Procedures (SSP) Manual.

**General Information/Instructions:** Each time this form is completed, an Ultrasound Results form must also be completed.

- **Pregnancy # and Visit Code:** Record the Pregnancy # and Visit Code assigned to the visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. Refer to the SSP Manual for more specific information on assigning visit codes.

### Item-specific instructions:

- **Items 2 and 2a:** If the participant is completing an MTN parent protocol visit (regular visit or interim visit) on this same day, mark “yes,” and record the visit code (regular or interim) of the MTN parent protocol visit completed on this date.
- **Item 3a:** Record the participant’s HIV status.
- **Item 3b:** Record the date **and** source of the most recent HIV test result. If the HIV test result is available from source documentation of the parent protocol mark the “parent protocol” box. Otherwise, mark the “self-report” box.

*Note: All efforts should be made to obtain HIV test result information from laboratory source documentation.*

**SAMPLE**. Do NOT FAX  
TO DATAFAX



MTN 016 (164)

IV-1 (350)

Pregnancy #

Visit Code

1

**Participant ID**

-     -  -  0

Site Number Participant Number Chk Cohort

**Woman Interim Visit**

**Visit Date**

dd MMM yy

1. What is the reason for this interim visit? *Mark all that apply.*

- 1a. report pregnancy outcome
- 1b. ultrasound exam
- 1c. other, specify: \_\_\_\_\_

2. Besides this Interim Visit form, what other DataFax forms were completed at this visit? *Mark "none" or all that apply.*

- 2a. none \_\_\_\_\_ **→ If none, go to item 3.**
- 2b. Pregnancy Outcome
- 2c. Ultrasound Results
- 2d. Woman Termination
- 2e. Woman End of Study Inventory
- 2f. Social Harms Assessment
- 2g. other, specify: \_\_\_\_\_

3. Is the participant completing a parent protocol (MTN only) visit at this MTN 016 visit?.....

yes no

**→ If no, go to item 4.**

3a. Visit code of parent protocol visit completed today. ....

Visit Code

4. Has the woman been tested for HIV since her last MTN 016 study visit? .....

yes no

**→ If no, end of form.**

4a. Woman's HIV status: .....

negative positive indeterminate

4b. Date and source of most recent HIV test: .....

parent protocol self-report

dd MMM yy

---

## Woman Interim Visit (IV-1)

**Purpose:** Complete this form when an interim visit occurs during the woman's study follow-up.

### General Information/Instructions:

- **Pregnancy #:** Record the Pregnancy # and Visit Code assigned to the visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes.
  - **Visit Code:** The following guidelines should be used for assigning the interim visit code:
    - Record the one-digit whole number visit code for the most recent scheduled regular visit. For example, if the most recent scheduled regular visit was the first Quarterly visit (Visit Code = 2.0), record "2" to the left of the decimal point in the visit code field.
    - Record the number that corresponds to the Interim visit in the second box (the box to the right of the decimal point):
      - X.1 = First Interim Visit after the most recent scheduled regular visit.
      - X.2 = Second Interim Visit after the most recent scheduled regular visit.
- Refer to the Study-Specific Procedures (SSP) Manual for specific information on assigning visit codes.

### Item-specific instructions:

- **Items 3 and 3a:** If the participant is completing an MTN parent protocol visit (regular visit or interim visit) on this same day, mark "yes," and record the visit code (regular or interim) of the MTN parent protocol visit completed on this date.
- **Item 4a:** Record the participant's HIV status.
- **Item 4b:** Record the date **and** source of the most recent HIV test result. If the HIV test result is available from source documentation of the parent protocol mark the "parent protocol" box. Otherwise, mark the "self-report" box.

*Note: All efforts should be made to obtain HIV test result information from laboratory source documentation.*

**SAMPLE** DO NOT FAX TO DATAFAX

**Not a DataFax form. Do not fax to DataFax.**

MTN 016 (164)

**Participant ID**

									0
Site Number			Participant Number				Chk	Cohort	

**Woman Medical History Log**

Page 

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<b>Medical Condition</b>	<b>Onset Date</b> (dd-MMM-yy)	<b>Staff Initials/Log Entry Date</b>
	<b>Resolve Date</b> (dd-MMM-yy)	
<b>Comments</b>		

<b>Medical Condition</b>	<b>Onset Date</b> (dd-MMM-yy)	<b>Staff Initials/Log Entry Date</b>
	<b>Resolve Date</b> (dd-MMM-yy)	
<b>Comments</b>		

<b>Medical Condition</b>	<b>Onset Date</b> (dd-MMM-yy)	<b>Staff Initials/Log Entry Date</b>
	<b>Resolve Date</b> (dd-MMM-yy)	
<b>Comments</b>		

<b>Medical Condition</b>	<b>Onset Date</b> (dd-MMM-yy)	<b>Staff Initials/Log Entry Date</b>
	<b>Resolve Date</b> (dd-MMM-yy)	
<b>Comments</b>		



---

## Woman Medical History Log (non-DataFax)

**Purpose:** This form is used to document and track all medical conditions experienced by the woman participant while on-study. This includes diagnosed medical conditions as well as participant self-reported symptoms.

**General Information/Instructions:** Review this log at every visit. If a condition has no Resolve Date listed, assess the status of that condition at the visit. This form is a non-DataFax form. Do not fax to SCHARP DataFax.

### Item-specific Instructions:

- **Page:** This is a log form. Number pages sequentially throughout the study, starting with 001. Do not repeat page numbers.
- **Medical Condition:** Whenever possible, provide a diagnosis instead of listing a cluster of symptoms.
- **Onset Date:** At a minimum, month and year are required.
- **Staff Initials/Log Entry Date:** Enter the staff initials and date of the staff member who records the onset date.
- **Resolve Date:** At a minimum, month and year are required. Record one of the following, as appropriate:
  - the date on which the participant no longer experiences the medical condition,
  - the date of the study visit or specimen collection at which the change in status/resolution is first noted,**or**
  - if condition is continuing at end of study, record "CES" in the space provided.

**SAMPLE** *Do NOT FAX*  
*TO DATAFAX*

MTN 016 (164)



MV-1 (463)

Pregnancy #

0

Visit Code

1

**Participant ID**

---0

Site Number

Participant Number

Chk

Cohort

**Woman Missed Visit**

**Form Completion Date**

dd

MMM

yy

1. Target Visit Date:

dd

MMM

yy

2. Reason visit was missed. *Mark only one.*

- 2a. unable to contact participant
- 2b. unable to schedule appointment within visit window
- 2c. participant refused visit
- 2d. participant incarcerated
- 2e. participant admitted to a health care facility
- 2f. participant withdrew from the study —————> **Complete a Termination form.**
- 2g. participant deceased —————> **Complete a Termination form.**
- 2h. other, specify:

2i. participant relocated

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

## Woman Missed Visit (MV-1)

**Purpose:** Complete this form whenever an enrolled woman participant misses a required visit according to the visit window outlined in the Study-Specific Procedures (SSP) Manual.

**General Information/Instructions:** If the QC Report indicates that a visit is overdue, confirm that the visit was missed before completing a Missed Visit form. Fax this form when it is determined that a visit has been missed and cannot be completed within the visit window. Record the Visit Code of the visit that was missed. Record the date that the form was completed. This will not necessarily be the date of the missed visit. A complete date is required.

- **Pregnancy # and Visit Code:** Record the Pregnancy # and Visit Code assigned to the visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. Refer to the SSP Manual for more specific information on assigning visit codes.
- **Form Completion Date:** Record the date the form is completed. This will not necessarily be the date of the missed visit.

### Item-specific Instructions:

- **Item 1:** Record the target date of the visit. A complete date is required.
- **Item 2:** Mark the response box corresponding to the primary reason the participant missed the visit.
- **Comments:** The steps taken to address the missed visit (the corrective action plan) must be recorded in the comments line.



---

## Woman Participant Receipt (PRC-1)

**Purpose:** Complete this form when a transferred woman participant has provided informed consent at the receiving study clinic/site.

**General Information/Instructions:** The Participant Receipt form is completed by the receiving site (the site at which the participant will be continuing his or her study visits).

For more information on Participant Transfer and Receipt, refer to the Study-Specific Procedures (SSP) Manual, and/or MTN Manual of Operations (MOP).

**Item-specific instructions:**

- **Participant ID: Do not** assign a new Participant ID. Record the Participant ID assigned by the original study site.
- **Item 3:** Complete date required.

**SAMPLE**. Do NOT FAX  
TO DATAFAX

MTN 016 (164)



PT-1 (465)

**Participant ID**

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text" value="0"/>
Site Number				Participant Number					Chk		Cohort

**Woman Participant Transfer**

**Form Completion Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>		<i>MMM</i>			<i>yy</i>		

1. Name of transferring study site: \_\_\_\_\_

2. Name of receiving study site: \_\_\_\_\_

3. Visit Code of last completed contact with participant:

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text" value="1"/>
Pregnancy #		Visit Code			

4. Date participant records were sent to receiving study site:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>		<i>MMM</i>			<i>yy</i>		

Comments: \_\_\_\_\_  
\_\_\_\_\_

---

## Woman Participant Transfer (PT-1)

**Purpose:** Complete this form when a woman participant is transferring to another study clinic/site.

**General Information/Instructions:** The Participant Transfer form is completed by the transferring site (the site that the participant is leaving).

For more information on Participant Transfer and Receipt, refer to the Study-Specific Procedures (SSP) Manual, and/or MTN Manual of Operations (MOP).

**Item-specific instructions:**

- **Item 3:** Record the Pregnancy # and Visit Code corresponding to the last completed contact with the participant. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. Refer to the SSP Manual for more specific information on assigning visit codes.

*Note: Do not alter or make any changes to the last box filled with a "1" as this is required for DataFax.*

- **Item 4:** Complete date required.

**SAMPLE: DO NOT FAX TO DATAFAX**  
MTN-016 (164)



Note: Number pages sequentially (01, 02, 03) for each participant.

Page

Participant ID  
   -    -  -  0  
Site Number Participant Number Chk Cohort

### Woman Protocol Deviation Log

Form Completion Date  
         
dd MMM yy

1. Site awareness date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Deviation date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Has or will this deviation be reported to local IRB/EC?	<i>yes</i> <input type="checkbox"/> <i>no</i> <input type="checkbox"/>
4. Has or will this deviation be reported to DAIDS as a critical event?	<i>yes</i> <input type="checkbox"/> <i>no</i> <input type="checkbox"/>
5. Type of deviation:	<input type="text"/> <input type="text"/> <i>deviation code (See back of form for code listing.)</i>
6. Description of deviation:	<hr/> <hr/>
7. Plans and/or action taken to address the deviation:	<hr/> <hr/>
8. Plans and/or action taken to prevent future occurrences of the deviation:	<hr/> <hr/>
9. Deviation reported by:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>staff code</i>



Woman Protocol Deviation Log (PDL-1)	
<b>Purpose:</b> This form documents and reports protocol deviations identified for study participants.	
<b>General Information/Instructions:</b>	
Complete this form each time a protocol deviation is identified. Consult the MTN Regulatory Team (mtnregulatory@mtnstopshiv.org) and the Study Management Team if you are unsure if an event requires reporting as a deviation.	
<b>Item-specific Instructions:</b>	
<b>Page:</b>	Number pages sequentially for each participant, starting with 01. Do not re-assign page numbers if a form is marked for deletion.
<b>Item 2:</b>	Record the date the event occurred (start date).
<b>Item 5:</b>	Record the two-digit category code that best describes the type of deviation. Use "99" (other) if none of the listed categories match. Describe the specifics of the deviation in item 6.
<b>Item 6:</b>	Briefly describe the specific details of the deviation.
<b>Item 9:</b>	Record staff code of the site staff person who completed the form. Sites will need to assign a four-digit staff code to each site staff person who will be completing this form. This list is created, maintained, and kept at the study site.

Code	Description	Code	Description
01	<b>Inappropriate enrollment:</b> The participant enrolled and not all eligibility requirements were met.	13	<b>Physical assessment deviation:</b> Include missed or incomplete physical/pelvic/rectal exam assessments.
02	<b>Failure to follow trial randomization or blinding procedures:</b> Include instances where randomization procedures were not followed by site staff, or product blinding procedures were not followed by pharmacy staff.	14	<b>Lab assessment deviation:</b> Include missed, or incomplete lab specimen collection.
03	<b>Study product management deviation:</b> Site staff did not instruct the participant to hold, permanently discontinue, or resume study product use per protocol requirements.	15	<b>Mishandled lab specimen:</b> Include errors in the labeling, physical handling, processing, testing, storage, or shipment of collected lab specimens.
04	<b>Study product dispensing error:</b> The wrong study product was dispensed to a participant, or study product was dispensed to a participant on product hold. Do not include any information related to study product assignment (product codes) on this form. Pharmacy staff must follow up with the MTN Pharmacist separately.	16	<b>Staff performing duties that they are not qualified to perform:</b> Use for any instance when any study procedure, including clinical and administrative procedures, is completed by a staff member who is not adequately qualified AND delegated to perform the procedure.
05	<b>Study product non-use deviation:</b> Participant did not use the study product (including refusals) or used it incorrectly (i.e., not in accordance with protocol requirements).	17	<b>Questionnaire administration deviation:</b> A required questionnaire was not completed according to protocol requirements. Include instances where the wrong questionnaire was completed.
06	<b>Study product sharing:</b> Participant has shared study product with another person or study participant.	18	<b>Counseling deviation:</b> Protocol-required counseling was not done and/or not documented correctly.
07	<b>Study product not returned:</b> Study product was not returned by the participant per protocol requirements.	19	<b>Use of non-IRB/EC-approved materials:</b> Include use of ANY study-related material that requires IRB or EC approval for use per site requirements.
08	<b>Conduct of non-protocol procedure:</b> A clinical or administrative procedure was performed that was not specified in the protocol, and was not covered under local standard of care practice.	20	<b>Use of excluded concomitant medications, devices or non-study products</b>
09	<b>Improper AE/EAE follow-up:</b> Use when an AE or EAE is not followed per protocol. For example, a clinical finding/lab result is not re-assessed as outlined in the protocol.	21	<b>Informed assent/consent process deviation:</b> Examples include failure to accurately execute and/or document any part of the informed consent process.
10	<b>Unreported AE:</b> Site staff become aware of an AE, but do not report it per protocol requirements.	22	<b>Visit completed outside of window:</b> Use when visit procedures for a visit are done within the wrong window or not in a designated visit window. For example, use if Visit 3.0 procedures are done in the Visit 4.0 window.
11	<b>Unreported EAE:</b> Site staff become aware of an EAE, but do not report it per protocol and DAIDS EAE Manual requirements.	99	<b>Other</b>
12	<b>Breach of confidentiality:</b> Include potential and actual cases where participant confidentiality is breached. For example, a staff member puts a participant's name on a case report form.		

**SAMPLE**. Do NOT FAX TO DATAFAX

MTN 016 (164)



WSC-1 (075)

Pregnancy #

Visit Code  1  0

1

**Participant ID**

---0  
Site Number Participant Number Chk Cohort

**Woman Subsequent Consent**

**Visit Date**

dd MMM yy

1. Does the participant meet all eligibility criteria for this pregnancy? .....  yes  no **→ If no, end of form. Do not fax to SCHARP DataFax.**

2. Date study informed consent signed or thumbprinted:        
dd MMM yy

3. During the participation in the parent protocol, did/does the participant have a known confirmed pregnancy? .....  yes  no **→ If no, end of form. Do not fax to SCHARP DataFax.**

3a. Known confirmed pregnancy was determined using at least one of the following sets of criteria (A or B):

**Criteria A.**

3a1. two consecutive monthly study visits with positive pregnancy tests  
Date of 1<sup>st</sup> positive pregnancy test:        
Date of 2<sup>nd</sup> positive pregnancy test:       **→ Go to item 4.**

**Criteria B. Mark all that apply.**

- 3b1. auscultation of fetal heart tones
- 3b2. positive pregnancy test confirmed by clinic staff in the presence of clinically confirmed enlarged uterus
- 3b3. positive pregnancy test confirmed by clinic staff in the presence of missed menses by participant report
- 3b4. clinical assessment of fetal movement
- 3b5. demonstration of pregnancy by ultrasound

4. Has the pregnancy outcome been diagnosed? .....  yes  no **→ If no, go to item 5.**

4a. Date of diagnosis: .....        
dd MMM yy  
**← If equal to or greater than one year ago, participant is ineligible. End of form. Do not fax to SCHARP DataFax.**

5. Participant's HIV status: .....  negative  positive  indeterminate  not known **→ If not known, end of form.**

5a. Date and source of most recent HIV test: .....        
dd MMM yy  
parent protocol  self-report

---

## Woman Subsequent Consent (WSC-1)

**Purpose:** This form is used to document re-consent for any subsequent pregnancies for MTN 016 after the first pregnancy outcome.

**General Information/Instructions:** This form is faxed to SCHARP DataFax only if the subsequent pregnancy is eligible for the study (that is, she is eligible and provides informed consent for this pregnancy).

**Pregnancy # and Visit Code:** Record the Pregnancy # and Visit Code assigned to the visit. The Pregnancy # refers to the pregnancy number corresponding to MTN 016 participation. Only pregnancies enrolled into MTN 016 should be counted for data purposes. The Visit Code has been pre-filled with 1.0, because this form will always be completed at the first visit for a subsequent pregnancy cycle. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.

### Item-specific Instructions:

- **Item 1:** If response to this item is “no” (the participant does not meet all eligibility criteria for this pregnancy), end the form. Do NOT fax this or any other forms completed for this participant’s subsequent pregnancy to SCHARP DataFax.
- **Item 2:** If the participant marks the informed consent using her thumbprint, record the date the thumbprint was made.
- **Item 3:** If response to this item is “no” (the participant did/does not have a known confirmed pregnancy from the parent protocol), end the form. Do NOT fax this or any other forms completed for this participant *at this visit* to SCHARP DataFax.
- **Items 3a-3b5:** These items document which criteria within A or B were met to determine the confirmed pregnancy. If item 3a1 is marked, record the dates of the two positive pregnancy tests, and go to item 4. If the confirmed pregnancy was made using criteria B, skip 3a1 and mark all that apply for items 3b1-3b5.
- **Item 4:** If the pregnancy outcome for this pregnancy has already been diagnosed, mark item 4 “yes.” Complete a Pregnancy Outcome form.
- **Item 4a:** Record the date of the pregnancy outcome. All efforts should be made to obtain a complete pregnancy outcome date. If a complete date (day, month, and year) is not available, record the best estimate possible. At a minimum try to record the month and year of the pregnancy outcome. If the pregnancy outcome date is more than one year ago, the participant is not eligible. End the form and do NOT fax this or any other forms completed for this participant to SCHARP DataFax.
- **Item 5:** Record the participant’s HIV status.
- **Item 5a:** Record the date **and** source of the most recent HIV test result. If the HIV test result is available from source documentation of the parent protocol mark the “parent protocol” box. Otherwise, mark the “self-report” box.

*Note: All efforts should be made to obtain HIV test result information from laboratory source documentation.*

**SAMPLE**. Do NOT FAX  
TO DATAFAX



MTN 016 (164)

TM-1 (490)

**Participant ID**

[ ] [ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ]	-	[ 0 ]
Site Number		Participant Number		Chk		Cohort

**Woman Termination**

1. Termination Date: 

[ ]	[ ]
-----	-----

<sup>dd</sup>

[ ]	[ ]	[ ]
-----	-----	-----

<sup>MMM</sup>

[ ]	[ ]
-----	-----

<sup>yy</sup> *Date the site determined that the participant was no longer in the study.*

2. Reason for termination. *Mark only one.*

2a. scheduled exit visit/end of study

2b. death, *indicate date and cause if known*

2b1. date of death 

[ ]	[ ]
-----	-----

<sup>dd</sup>

[ ]	[ ]	[ ]
-----	-----	-----

<sup>MMM</sup>

[ ]	[ ]
-----	-----

<sup>yy</sup> **OR**  date unknown

2b2. cause of death \_\_\_\_\_ **OR**  cause unknown

2c. participant refused further participation, specify: \_\_\_\_\_

2d. **NOT APPLICABLE FOR THIS PROTOCOL.**

2e. participant relocated, no follow-up planned

2f. investigator decision, specify: \_\_\_\_\_

2g. unable to contact participant

2h. **NOT APPLICABLE FOR THIS PROTOCOL.**

2i. inappropriate enrollment

2j. invalid ID due to duplicate screening/enrollment

2k. other, specify: \_\_\_\_\_

2l. early study closure

Comments: \_\_\_\_\_

08-JUL-09

0	1
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Language

\_\_\_\_\_  
Staff Initials / Date

---

## Woman Termination (TM-1)

**Purpose:** Complete this form **once** for each enrolled woman participant when the participant is no longer participating in the study. This form is **not** completed at the end of each pregnancy.

### Item-specific Instructions:

- **Item 1:** A complete date is required.
- **Item 2:** Mark only the primary reason for termination.
  - **Item 2a:** Scheduled exit visit/end of study: Only mark 2a if the participant completes the final visit as defined in the Study-Specific Procedures (SSP) Manual.
  - **Item 2b1:** At a minimum, the month and year are required.
  - **Item 2l:** Early study closure: Only mark 2l when instructed by SCHARP.

**SAMPLE** *Do NOT FAX TO DATAFAX*



Note: Number pages sequentially (01, 02, 03) for each participant

Page

MTN 016 (168)

CM-1 (423)

**Participant ID**

-     -  -   
 Site Number Participant Number Chk Cohort

**Infant Concomitant Medications Log**

No medications taken at Screening/Enrollment. Staff Initials/Date \_\_\_\_\_  
 ➔ Fax to SCHARP DataFax.

No medications taken throughout study. Staff Initials/Date \_\_\_\_\_  
 ➔ End of form. Fax to SCHARP DataFax.

<b>1. Medication (generic name)</b>										<b>Staff Initials/Log Entry Date</b>	
Indication											
<b>Date Started</b>			<b>Date Stopped</b>			OR <input type="checkbox"/> Continuing at end of study					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>	<i>MMM</i>	<i>yy</i>	<i>dd</i>	<i>MMM</i>	<i>yy</i>						
<b>Frequency</b> <input type="checkbox"/> <i>prn</i> <input type="checkbox"/> <i>qd</i> <input type="checkbox"/> <i>tid</i> <input type="checkbox"/> <i>qhs</i> <input type="checkbox"/> <i>qhx: every</i> <input type="text"/> <input type="text"/> <i>hrs</i> Mark only one. <input type="checkbox"/> <i>once</i> <input type="checkbox"/> <i>bid</i> <input type="checkbox"/> <i>qid</i> <input type="checkbox"/> <i>other, specify:</i> _____											
<b>Dose/Units</b>				<b>Route</b> <i>PO</i> <input type="checkbox"/> <i>IM</i> <input type="checkbox"/> <i>IV</i> <input type="checkbox"/> <i>TOP</i> <input type="checkbox"/> <i>IHL</i> <input type="checkbox"/> <i>VAG</i> <input type="checkbox"/> <i>REC</i> <input type="checkbox"/> <i>other, specify:</i> <input type="checkbox"/> _____ Mark only one.							

<b>2. Medication (generic name)</b>										<b>Staff Initials/Log Entry Date</b>	
Indication											
<b>Date Started</b>			<b>Date Stopped</b>			OR <input type="checkbox"/> Continuing at end of study					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>	<i>MMM</i>	<i>yy</i>	<i>dd</i>	<i>MMM</i>	<i>yy</i>						
<b>Frequency</b> <input type="checkbox"/> <i>prn</i> <input type="checkbox"/> <i>qd</i> <input type="checkbox"/> <i>tid</i> <input type="checkbox"/> <i>qhs</i> <input type="checkbox"/> <i>qhx: every</i> <input type="text"/> <input type="text"/> <i>hrs</i> Mark only one. <input type="checkbox"/> <i>once</i> <input type="checkbox"/> <i>bid</i> <input type="checkbox"/> <i>qid</i> <input type="checkbox"/> <i>other, specify:</i> _____											
<b>Dose/Units</b>				<b>Route</b> <i>PO</i> <input type="checkbox"/> <i>IM</i> <input type="checkbox"/> <i>IV</i> <input type="checkbox"/> <i>TOP</i> <input type="checkbox"/> <i>IHL</i> <input type="checkbox"/> <i>VAG</i> <input type="checkbox"/> <i>REC</i> <input type="checkbox"/> <i>other, specify:</i> <input type="checkbox"/> _____ Mark only one.							

<b>3. Medication (generic name)</b>										<b>Staff Initials/Log Entry Date</b>	
Indication											
<b>Date Started</b>			<b>Date Stopped</b>			OR <input type="checkbox"/> Continuing at end of study					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>	<i>MMM</i>	<i>yy</i>	<i>dd</i>	<i>MMM</i>	<i>yy</i>						
<b>Frequency</b> <input type="checkbox"/> <i>prn</i> <input type="checkbox"/> <i>qd</i> <input type="checkbox"/> <i>tid</i> <input type="checkbox"/> <i>qhs</i> <input type="checkbox"/> <i>qhx: every</i> <input type="text"/> <input type="text"/> <i>hrs</i> Mark only one. <input type="checkbox"/> <i>once</i> <input type="checkbox"/> <i>bid</i> <input type="checkbox"/> <i>qid</i> <input type="checkbox"/> <i>other, specify:</i> _____											
<b>Dose/Units</b>				<b>Route</b> <i>PO</i> <input type="checkbox"/> <i>IM</i> <input type="checkbox"/> <i>IV</i> <input type="checkbox"/> <i>TOP</i> <input type="checkbox"/> <i>IHL</i> <input type="checkbox"/> <i>VAG</i> <input type="checkbox"/> <i>REC</i> <input type="checkbox"/> <i>other, specify:</i> <input type="checkbox"/> _____ Mark only one.							

08-JUL-09

Language

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## Infant Concomitant Medications Log (CM-1)

**Purpose:** This form is used to document all medication(s) used by the infant participant during the study including any time between birth and enrollment. This includes, but is not limited to, prescription medications, non-prescription (that is, over-the-counter) medications, preventive medications and treatments, herbal preparations, vitamin supplements, naturopathic preparations, and recreational drugs. All vaccines will be reported on the Infant Vaccination Log.

**General Information/Instructions:** When to fax this form:

- once the participant has enrolled in the study;
  - when pages have been updated or additional Log pages have been completed (only fax updated or new pages);
  - when the participant has completed study participation; and/or
  - when instructed by SCHARP.
- **Page:** Number pages sequentially throughout the study, starting with 01. Do not repeat page numbers. Do not renumber any Concomitant Medications Log pages after faxing, unless instructed by SCHARP.
  - **Participant ID:** Refer to the Study-Specific Procedures (SSP) Manual for specific information on Participant IDs for MTN 016.
  - **No medications taken at Screening/Enrollment:** Mark this box if no medications were taken by the participant from birth through Enrollment. This box should only be marked on Page 01.
  - **No medications taken throughout study:** Mark this box at the Termination visit if no medications were taken by the participant throughout the entire study.

### Item-specific instructions:

- **Medication:** For combination medications, record the first three main active ingredients.
- **Indication:** For health supplements, such as multivitamins, record “general health.” For preventive medications, record “prevention of [insert condition].”
- **Date Started:** If the participant is unable to recall the exact date, obtain participant’s best estimate. At a minimum, the year is required.
- **Date Stopped:** At the participant’s Termination visit, the “Date Stopped” must be recorded for each medication OR the “Continuing at end of study” box must be marked. At a minimum, the month and year are required.
- **Frequency:** Below is a list of common frequency abbreviations:

<b>prn</b> as needed	<b>qd</b> every day	<b>tid</b> three times daily	<b>qhs</b> at bedtime
<b>once</b> one time	<b>bid</b> twice daily	<b>qid</b> four times daily	<b>qhx</b> every x hours

- **Route:** Below is a list of common route abbreviations:

<b>PO</b> oral	<b>IM</b> intramuscular	<b>IV</b> intravenous	<b>TOP</b> topical	<b>IHL</b> inhaled	<b>VAG</b> vaginal	<b>REC</b> rectal
----------------	-------------------------	-----------------------	--------------------	--------------------	--------------------	-------------------

- **Dose/Units:** If the participant does not know the dose or units, draw a single line through the blank response box and initial and date. For prescription combination medications, record the dosage of first three main active ingredients. For multivitamin tablets or liquids, record number of tablets or liquid measurement (e.g., one tablespoon).

**SAMPLE**. *DO NOT FAX*  
*TO DATAFAX*



MTN 016 (168)

ESI-1 (489)

**Participant ID**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number	Participant Number			Chk	Cohort		

**Infant End of Study Inventory**

**Form Completion Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>		<i>MMM</i>		<i>yy</i>	

1. What is the **highest** visit code (scheduled or interim) for this participant, recorded on a form submitted via DataFax?.....

*visit code*

<input type="text"/>	.	<input type="text"/>
----------------------	---	----------------------

2. How many interim visits were conducted for this participant during the study and recorded on a form submitted via DataFax?.....

*# of interim visits*

<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
--------------------------------	----------------------	----------------------

3. Indicate the **highest** page number submitted for this participant for each of the following form(s):

3a. Infant Concomitant Medications Log ..... *page #*

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Comments: \_\_\_\_\_



---

## Infant End of Study Inventory (ESI-1)

**Purpose:** This form is used to confirm that SCHARP has received all study data for a given infant participant.

**General Information/Instructions:** Complete this form **once** for each enrolled participant after the participant has terminated from the study (as documented by a Termination form).

- **Participant ID:** Refer to the Study-Specific Procedures (SSP) Manual for specific information on Participant IDs for MTN 016.
- **Form Completion Date:** A complete date is required.

### Item-specific instructions:

- **Item 1:** Record the Visit Code corresponding to the highest visit code (last visit for which DataFax forms were submitted). If the participant's last visit was missed (as documented by a Missed Visit form), record the visit code of the missed visit. Refer to the SSP Manual for more specific information on assigning visit codes.

*Note: Do not alter or make any changes to the last box filled with a "1" as this is required for DataFax.*

- **Item 2:** Record the total number of Interim Visit DataFax forms submitted for this participant. If no Interim Visit forms were submitted for the participant, record "000" in the boxes.

**SAMPLE**. Do NOT FAX TO DATAFAX

MTN 016 (168)



IEN-1 (070)

**Participant ID**

[ ] [ ] [ ]	-	[ ] [ ] [ ] [ ]	-	[ ]	-	[ ]
Site Number		Participant Number		Chk		Cohort

**Infant Enrollment**

**Visit Date**

[ ] [ ]	[ ] [ ] [ ]	[ ] [ ]
dd	MMM	yy

1. Does the participant meet all eligibility criteria? .....  <sup>yes</sup>  <sup>no</sup> → **If no, participant is ineligible. End of form. Do not fax to SCHARP DataFax.**

2. Date study informed consent signed or thumbprinted: .....          
 dd MMM yy

2a. Did the guardian provide informed consent for photographic documentation of suspected or confirmed anomalies? .....  <sup>yes</sup>  <sup>no</sup> → **If no, go to item 3.**

2b. Date informed consent given for photographic documentation of suspected or confirmed anomalies.          
 dd MMM yy

3. Date of birth: .....          
 dd MMM yy

**If equal to or greater than one year ago, participant is ineligible. End of form. Do not fax to SCHARP DataFax.**

4. Gestational age based on pediatric assessment (using Ballard):   <sup>weeks</sup> **OR**  <sup>not assessed</sup>

Comments: \_\_\_\_\_

---

## Infant Enrollment (IEN-1)

**Purpose:** This form is used to document an infant participant's study enrollment. This form is completed when the infant is determined to be eligible for the study.

**General Information/Instructions:** This form is faxed to SCHARP DataFax only if the participant is enrolled (that is, the infant is eligible and the guardian has provided informed consent).

- **Participant ID:** complete the Participant ID as follows:
  - the first 8 digits are identical to the mother's PITD
  - the last digit, the cohort, is completed as follows:
    - for the first infant born **and** enrolled in MTN 016, cohort = 1
    - for the second infant born **and** enrolled in MTN 016, cohort = 2
    - for the third infant born **and** enrolled in MTN 016, cohort = 3
    - for the fourth infant born **and** enrolled in MTN 016, cohort = 4; etc.

Refer to the Study-Specific Procedures (SSP) Manual for more specific information on Participant IDs for MTN 016.

*Note: There is no visit code field on this form since this form is only completed once for each infant participant.*

### Item-specific Instructions:

- **Item 1:** If the response to this item is "no" (the participant does not meet all eligibility criteria), end the form. Do NOT fax this or any other forms completed for this participant to SCHARP DataFax.
- **Items 2 and 2b:** If the guardian marks the informed consent using his/her thumbprint, record the date the thumbprint was made.
- **Item 3:** A complete date is required. If the date of birth is greater than one year ago, the participant is ineligible, end the form. Do NOT fax this or any other forms completed for this participant to SCHARP DataFax.

SAMPLE. Do NOT FAX TO DATAFAX



Visit Code   .

MTN 016 (168)

HTR-1 (136)

Participant ID

-     -  -   
Site Number Participant Number Chk Cohort

Infant HIV Test Results

Sample 1

Not done/ Not collected

1. HIV DNA

Specimen Collection Date *dd MMM yy*

1a. HIV Qualitative DNA

*negative*  *positive*

*If negative, go to item 4.*

Not done/ Not collected

2. HIV RNA

Alternate Collection Date *dd MMM yy*

2a. HIV RNA PCR (plasma)

*>*  *=*  *<*  *viral copies/mL*

*detected, under the limit of detection* OR  OR *target not detected*

2b. HIV RNA PCR kit lower limit of detection

*20*  *40*  OR *viral copies/mL*

Sample 2

Not done/ Not collected

3. HIV RNA

Specimen Collection Date *dd MMM yy*

3a. HIV RNA PCR (plasma)

*>*  *=*  *<*  *viral copies/mL*

*detected, under the limit of detection* OR  OR *target not detected*

3b. HIV RNA PCR kit lower limit of detection

*20*  *40*  OR *viral copies/mL*

4. Final HIV Status

*negative*  *positive*  *other, specify:*  \_\_\_\_\_

Comments:

---

## Infant HIV Test Results (HTR-1)

**Purpose:** This form documents infant HIV test results and final HIV status during study follow-up. This form is completed each time an infant participant has HIV testing during study follow-up.

**General Information/Instructions:** Record specimen test results on this form as they become available from the local lab. Fax this form to SCHARP DataFax once results for **all** required specimens are available and recorded, and item 4 has been completed.

- **Visit Code:** Record the visit code assigned to the visit. This should be the same as the visit code recorded on the corresponding Infant Visit form or Infant Interim Visit form at which Sample 1 was collected. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.
- **Participant ID:** Refer to the SSP Manual for specific information on Participant IDs for MTN 016.
- **Specimen Collection Date:** Record the date the specimen was collected (NOT the date results were reported or recorded on the form).
- **Alternate Collection Date:** This applies only to item 2a. The first HIV RNA PCR testing should be completed using Sample 1, the same sample used for DNA testing. If that is not possible, record the date the specimen for the first RNA PCR testing is collected. If the dates for items 1a and 2a are the same, leave the Alternate Collection Date blank.
- **Not Done/Not Collected:** For each test, mark *either* “Not Done/Not Collected” *or* enter a test result. If “Not Done/Not Collected” is marked, record the reason in Comments.

### Item-specific Instructions

- **Items 2a and 3a:** Record the participant’s HIV RNA PCR result(s) exactly as it/they appear on the lab report(s) source documentation.
- **Item 4:** Once an infant participant’s HIV status has been determined, record the final HIV status. If the final HIV status is not clearly negative or clearly positive, mark “other, specify” and specify reason(s) on the line provided.

**SAMPLE**. DO NOT FAX  
TO DATAFAX

MTN 016 (168)



IV-1 (350)

Visit Code   .

1

**Participant ID**

-     -  -

Site Number      Participant Number      Chk      Cohort

**Infant Interim Visit**

**Visit Date**

dd      MMM      yy

1. What is the reason for this interim visit? *Mark all that apply.*

- 1a. follow-up on previous abnormal findings
- 1b. follow-up on HIV-exposed or HIV-infected infant
- 1c. photographic documentation of suspected or confirmed anomalies
- 1d. other, specify: \_\_\_\_\_

2. At this visit, besides this Infant Interim Visit form and the Infant Visit form, what other DataFax forms were completed? *Mark "none" or all that apply.*

- 2a. none      \_\_\_\_\_ ➔ ***If none, end of form.***
- 2b. Infant Concomitant Medications
- 2c. Infant HIV Test Results
- 2d. Infant Physical Exam
- 2e. Infant Developmental Screening
- 2f. Infant Termination
- 2g. Infant End of Study Inventory
- 2h. other, specify: \_\_\_\_\_

---

## Infant Interim Visit (IV-1)

**Purpose:** Complete this form when an interim visit occurs during the infant's study follow-up.

### General Information/Instructions:

- **Visit Code:** The following guidelines should be used for assigning the interim visit code:
  - Record the one-digit whole number visit code for the most recent scheduled regular visit. For example, if the most recent scheduled regular visit was the first Quarterly visit (Visit Code = 2.0), record "2" to the left of the decimal point in the visit code field.
  - Record the number that corresponds to the Interim Visit in the second box (the box to the right of the decimal point):
    - X.1 = First Interim Visit after the most recent scheduled regular visit.
    - X.2 = Second Interim Visit after the most recent scheduled regular visit.

Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.
- **Participant ID:** Refer to the SSP Manual for specific information on Participant IDs for MTN 016.

**SAMPLE** *DO NOT FAX TO DATAFAX*

**Not a DataFax form. Do not fax to DataFax.**

MTN 016 (168)

**Participant ID**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number		Participant Number		Chk	Cohort		

**Infant Medical History Log**

Page

<b>Medical Condition</b>	<b>Onset Date</b> (dd- <b>MMM</b> -yy)	<b>Staff Initials/Log Entry Date</b>
	<b>Resolve Date</b> (dd- <b>MMM</b> -yy)	

**Comments**

<b>Medical Condition</b>	<b>Onset Date</b> (dd- <b>MMM</b> -yy)	<b>Staff Initials/Log Entry Date</b>
	<b>Resolve Date</b> (dd- <b>MMM</b> -yy)	

**Comments**

<b>Medical Condition</b>	<b>Onset Date</b> (dd- <b>MMM</b> -yy)	<b>Staff Initials/Log Entry Date</b>
	<b>Resolve Date</b> (dd- <b>MMM</b> -yy)	

**Comments**

<b>Medical Condition</b>	<b>Onset Date</b> (dd- <b>MMM</b> -yy)	<b>Staff Initials/Log Entry Date</b>
	<b>Resolve Date</b> (dd- <b>MMM</b> -yy)	

**Comments**



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## Infant Medical History Log (non-DataFax)

**Purpose:** This form is used to document and track all medical conditions experienced by the infant participant while on-study. This includes diagnosed medical conditions as well as participant self (guardian/mother)-reported symptoms.

**General Information/Instructions:** Review this log at every visit. If a condition has no Resolve Date listed, assess the status of that condition at the visit. This form is a non-DataFax form. Do not fax to SCHARP Data-Fax.

- **Participant ID:** Refer to the Study-Specific Procedures (SSP) Manual for specific information on Participant IDs for MTN 016.

### Item-specific Instructions:

- **Page:** This is a log form. Number pages sequentially throughout the study, starting with 001. Do not repeat page numbers.
- **Medical Condition:** Whenever possible, provide a diagnosis instead of listing a cluster of symptoms.
- **Onset Date:** At a minimum, month and year are required.
- **Staff Initials/Log Entry Date:** Enter the staff initials and date of the staff member who records the onset date.
- **Resolve Date:** At a minimum, month and year are required. Record one of the following, as appropriate:
  - the date on which the participant no longer experiences the medical condition,
  - the date of the study visit or specimen collection at which the change in status/resolution is first noted,**or**
  - if condition is continuing at end of study, record "CES" in the space provided.

**SAMPLE**. *DO NOT FAX*  
*TO DATAFAX*



Visit Code  .

MTN 016 (168)

MV-1 (463)

**Participant ID**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number		Participant Number			Chk	Cohort	

**Infant Missed Visit**

**Form Completion Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>		<i>MMM</i>		<i>yy</i>	

1. Target Visit Date:

2. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

## Infant Missed Visit (MV-1)

**Purpose:** Complete this form whenever an enrolled infant participant misses a required visit according to the visit window outlined in the Study-Specific Procedures (SSP) Manual.

**General Information/Instructions:** If the QC Report indicates that a visit is overdue, confirm that the visit was missed before completing a Missed Visit form. Fax this form when it is determined that a visit has been missed and cannot be completed within the visit window. Record the Visit Code of the visit that was missed. Record the date that the form was completed. This will not necessarily be the date of the missed visit. A complete date is required.

- **Visit Code:** Record the visit code of the visit that was missed. Refer to the SSP Manual for more specific information on assigning visit codes.
- **Participant ID:** Refer to the SSP Manual for specific information on Participant IDs for MTN 016.
- **Form Completion Date:** Record the date the form is completed. This will not necessarily be the date of the missed visit.

### Item-specific Instructions:

- **Item 1:** Record the target date of the visit. A complete date is required.
- **Item 2:** The comments line may be used to record the reason a visit is missed. The steps taken to address the missed visit (the corrective action plan) must be recorded in the comments line.

**SAMPLE** *Do NOT FAX TO DATAFAX*



MTN 016 (168)

PRC-1 (466)

**Participant ID**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number		Participant Number			Chk	Cohort	

**Infant Participant Receipt**

**Form Completion Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>		<i>MMM</i>		<i>yy</i>	

**Note: Do not** assign a new Participant ID. Record the Participant ID assigned by the original study site.

1. Name of receiving study site: \_\_\_\_\_

2. Name of transferring study site: \_\_\_\_\_

3. Date informed consent signed at receiving study site:

*dd*      *MMM*      *yy*

Comments: \_\_\_\_\_

---

## Infant Participant Receipt (PRC-1)

**Purpose:** Complete this form when a transferred infant participant has been consented at the receiving study clinic/site.

**General Information/Instructions:** The Participant Receipt form is completed by the receiving site (the site at which the participant will be continuing his or her study visits).

For more information on Participant Transfer and Receipt, refer to the Study-Specific Procedures (SSP) Manual, and/or MTN Manual of Operations (MOP).

**Participant ID:** Refer to the SSP Manual for specific information on Participant IDs for MTN 016.

### Item-specific instructions:

- **Participant ID: Do not** assign a new Participant ID. Record the Participant ID assigned by the original study site.
- **Item 3:** Complete date required.

**SAMPLE**. Do NOT FAX  
TO DATAFAX

MTN 016 (168)



PT-1 (465)

**Participant ID**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site Number		Participant Number			Chk	Cohort	

**Infant Participant Transfer**

**Form Completion Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>		<i>MMM</i>		<i>yy</i>	

1. Name of transferring study site: \_\_\_\_\_

2. Name of receiving study site: \_\_\_\_\_

3. Visit Code of last completed contact with participant: *visit code*

<input type="text"/>	.	<input type="text"/>	<input type="text"/>
			1

4. Date participant records were sent to receiving study site:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>dd</i>		<i>MMM</i>		<i>yy</i>	

Comments: \_\_\_\_\_  
\_\_\_\_\_

---

## Infant Participant Transfer (PT-1)

**Purpose:** Complete this form when an infant participant is transferring to another study clinic/site.

**General Information/Instructions:** The Participant Transfer form is completed by the transferring site (the site that the participant is leaving).

For more information on Participant Transfer and Receipt, refer to the Study-Specific Procedures (SSP) Manual, and/or MTN Manual of Operations (MOP).

- **Participant ID:** Refer to the SSP Manual for specific information on Participant IDs for MTN 016.

**Item-specific instructions:**

- **Item 3:** Record the Visit Code corresponding to the last completed contact with the participant. Refer to the SSP Manual for more specific information on assigning visit codes.

*Note: Do not alter or make any changes to the last box filled with a "1" as this is required for DataFax.*

- **Item 4:** Complete date required.

**SAMPLE** *Do NOT FAX TO DATAFAX*



Visit Code   .

1

MTN 016 (168)

IPH-1 (131)

**Participant ID**

-     -  -   
Site Number Participant Number Chk Cohort

**Infant Physical Exam**

**Exam Date**

dd MMM yy

**VITAL SIGNS**

1. Were vital signs done?.....  *yes*  *no* → **If no, specify reason:** \_\_\_\_\_  
Heart rate    *beats per minute*      Respirations   *breaths per minute*

**SYMPTOM-DIRECTED FINDINGS**

	<i>not done</i>	<i>normal</i>	<i>abnormal</i>	<b>If abnormal, record description:</b>
2. General appearance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Skin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Head /Neck/Scalp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Eyes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Ears .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Nose .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Mouth & mandible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Chest .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Lungs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Abdomen .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Genitalia .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Anus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Back .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Extremities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>(including hands &amp; feet)</i>				
17. Neurological .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Nutritional concerns .....	<input type="checkbox"/>	<i>under-nutrition</i>	<i>over-nutrition</i>	

*If none, go to item 19.* ←

18a. Was the infant referred for clinical follow-up?  *yes*  *no* → **Reason:** \_\_\_\_\_  
19. Were any other abnormalities observed?.....   → **If yes, specify:** \_\_\_\_\_

29-JAN-13

0  1

Language

Staff Initials / Date



---

## Infant Physical Exam (IPH-1)

**Purpose:** This form is used to document the infant physical exam completed at each visit (that is, the Newborn/Initial visit, and the Months 1, 6, and 12 visits).

### General Information/Instructions:

- **Visit Code:** Record the visit code assigned to the visit. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.
- **Participant ID:** Refer to the SSP Manual for specific information on Participant IDs for MTN 016.
- **Exam Date:** This is the date the physical exam is completed.

### Item-specific Instructions:

- **Items 2–17, 19:** For each item marked “abnormal,” record the description of the abnormality on the corresponding line provided.
- **Item 18a:** If nutritional concerns were identified and the infant was not referred for clinical follow-up, record the reason on the corresponding line provided.
- **Item 19:** If any other abnormality (not listed in items 2–17) is identified, mark the “yes” box and record the abnormality on the corresponding line provided.

**SAMPLE: DO NOT FAX TO DATAFAX**  
MTN-016 (168)



Note: Number pages sequentially (01, 02, 03) for each participant.

Page

Participant ID

-     -  -

Site Number      Participant Number      Chk      Cohort

### Infant Protocol Deviation Log

Form Completion Date

dd      MMM      yy

1. Site awareness date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
2. Deviation date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
3. Has or will this deviation be reported to local IRB/EC?	<table> <tr> <td><i>yes</i></td> <td><i>no</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<i>yes</i>	<i>no</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>yes</i>	<i>no</i>				
<input type="checkbox"/>	<input type="checkbox"/>				
4. Has or will this deviation be reported to DAIDS as a critical event?	<table> <tr> <td><i>yes</i></td> <td><i>no</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<i>yes</i>	<i>no</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>yes</i>	<i>no</i>				
<input type="checkbox"/>	<input type="checkbox"/>				
5. Type of deviation:	<input type="text"/> <input type="text"/> <i>deviation code (See back of form for code listing.)</i>				
6. Description of deviation:	<hr/> <hr/>				
7. Plans and/or action taken to address the deviation:	<hr/> <hr/>				
8. Plans and/or action taken to prevent future occurrences of the deviation:	<hr/> <hr/>				
9. Deviation reported by:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>staff code</i>				

Infant Protocol Deviation Log (PDL-1)	
<b>Purpose:</b> This form documents and reports protocol deviations identified for study participants.	
<b>General Information/Instructions:</b>	
Complete this form each time a protocol deviation is identified. Consult the MTN Regulatory Team (mtnregulatory@mtnstopshiv.org) and the Study Management Team if you are unsure if an event requires reporting as a deviation.	
<b>Item-specific Instructions:</b>	
<b>Page:</b>	Number pages sequentially for each participant, starting with 01. Do not re-assign page numbers if a form is marked for deletion.
<b>Item 2:</b>	Record the date the event occurred (start date).
<b>Item 5:</b>	Record the two-digit category code that best describes the type of deviation. Use "99" (other) if none of the listed categories match. Describe the specifics of the deviation in item 6.
<b>Item 6:</b>	Briefly describe the specific details of the deviation.
<b>Item 9:</b>	Record staff code of the site staff person who completed the form. Sites will need to assign a four-digit staff code to each site staff person who will be completing this form. This list is created, maintained, and kept at the study site.

Code	Description	Code	Description
01	<b>Inappropriate enrollment:</b> The participant enrolled and not all eligibility requirements were met.	13	<b>Physical assessment deviation:</b> Include missed or incomplete physical/pelvic/rectal exam assessments.
02	<b>Failure to follow trial randomization or blinding procedures:</b> Include instances where randomization procedures were not followed by site staff, or product blinding procedures were not followed by pharmacy staff.	14	<b>Lab assessment deviation:</b> Include missed, or incomplete lab specimen collection.
03	<b>Study product management deviation:</b> Site staff did not instruct the participant to hold, permanently discontinue, or resume study product use per protocol requirements.	15	<b>Mishandled lab specimen:</b> Include errors in the labeling, physical handling, processing, testing, storage, or shipment of collected lab specimens.
04	<b>Study product dispensing error:</b> The wrong study product was dispensed to a participant, or study product was dispensed to a participant on product hold. Do not include any information related to study product assignment (product codes) on this form. Pharmacy staff must follow up with the MTN Pharmacist separately.	16	<b>Staff performing duties that they are not qualified to perform:</b> Use for any instance when any study procedure, including clinical and administrative procedures, is completed by a staff member who is not adequately qualified AND delegated to perform the procedure.
05	<b>Study product non-use deviation:</b> Participant did not use the study product (including refusals) or used it incorrectly (i.e., not in accordance with protocol requirements).	17	<b>Questionnaire administration deviation:</b> A required questionnaire was not completed according to protocol requirements. Include instances where the wrong questionnaire was completed.
06	<b>Study product sharing:</b> Participant has shared study product with another person or study participant.	18	<b>Counseling deviation:</b> Protocol-required counseling was not done and/or not documented correctly.
07	<b>Study product not returned:</b> Study product was not returned by the participant per protocol requirements.	19	<b>Use of non-IRB/EC-approved materials:</b> Include use of ANY study-related material that requires IRB or EC approval for use per site requirements.
08	<b>Conduct of non-protocol procedure:</b> A clinical or administrative procedure was performed that was not specified in the protocol, and was not covered under local standard of care practice.	20	<b>Use of excluded concomitant medications, devices or non-study products</b>
09	<b>Improper AE/EAE follow-up:</b> Use when an AE or EAE is not followed per protocol. For example, a clinical finding/lab result is not re-assessed as outlined in the protocol.	21	<b>Informed assent/consent process deviation:</b> Examples include failure to accurately execute and/or document any part of the informed consent process.
10	<b>Unreported AE:</b> Site staff become aware of an AE, but do not report it per protocol requirements.	22	<b>Visit completed outside of window:</b> Use when visit procedures for a visit are done within the wrong window or not in a designated visit window. For example, use if Visit 3.0 procedures are done in the Visit 4.0 window.
11	<b>Unreported EAE:</b> Site staff become aware of an EAE, but do not report it per protocol and DAIDS EAE Manual requirements.	99	<b>Other</b>
12	<b>Breach of confidentiality:</b> Include potential and actual cases where participant confidentiality is breached. For example, a staff member puts a participant's name on a case report form.		



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## **Infant Termination (TM-1)**

**Purpose:** Complete this form **once** for each enrolled infant participant when the participant is no longer participating in the study.

### **General Information/Instructions:**

- **Participant ID:** Refer to the Study-Specific Procedures (SSP) Manual for specific information on Participant IDs for MTN 016.

### **Item-specific Instructions:**

- **Item 1:** A complete date is required.
- **Item 2:** Mark only the primary reason for termination.
  - **Item 2a:** Scheduled exit visit/end of study: Only mark 2a if the participant completes the protocol-defined final visit.
  - **Item 2b1:** At a minimum, the month and year are required.
  - **Item 2l:** Early study closure: Only mark 2l when instructed by SCHARP.

**SAMPLE**. Do NOT FAX  
TO DATAFAX



Note: Number pages sequentially  
(001, 002, 003) for each participant.

Page

MTN 016 (168)

IVL-1 (301)

Participant ID

-     -  -   
 Site Number Participant Number Chk Cohort

Infant Vaccination Log

1.	<b>Vaccination Code</b> <input type="text"/> <input type="text"/> If 99, specify: _____	<b>Date Administered</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	<b>Staff Initials/Log Entry Date</b> _____
	<b>Dose/Units</b>	<b>Route</b> PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
2.	<b>Vaccination Code</b> <input type="text"/> <input type="text"/> If 99, specify: _____	<b>Date Administered</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	<b>Staff Initials/Log Entry Date</b> _____
	<b>Dose/Units</b>	<b>Route</b> PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
3.	<b>Vaccination Code</b> <input type="text"/> <input type="text"/> If 99, specify: _____	<b>Date Administered</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	<b>Staff Initials/Log Entry Date</b> _____
	<b>Dose/Units</b>	<b>Route</b> PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
4.	<b>Vaccination Code</b> <input type="text"/> <input type="text"/> If 99, specify: _____	<b>Date Administered</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	<b>Staff Initials/Log Entry Date</b> _____
	<b>Dose/Units</b>	<b>Route</b> PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
5.	<b>Vaccination Code</b> <input type="text"/> <input type="text"/> If 99, specify: _____	<b>Date Administered</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	<b>Staff Initials/Log Entry Date</b> _____
	<b>Dose/Units</b>	<b>Route</b> PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	

---

## Infant Vaccination Log (IVL-1)

**Purpose:** This form is used to document vaccinations administered to infants. Only vaccinations are recorded on this form. All other medications must be documented on the Infant Concomitant Medications Log.

**General Information/Instructions:** Fax this form to SCHARP DataFax each time it is modified or updated.

### Item-specific Instructions:

- **Page:** Number the pages sequentially starting with page 001.
- **Vaccination Code:** Record the vaccination code from the MTN-016 Infant Vaccination Code List, Study-Specific Procedures (SSP) Manual, Section 13. If the vaccination is not listed, record “99” for the vaccination code and specify the vaccine in the line provided.
- **Date Administered:** At minimum, a month and year are required.
- **Staff Initials/Log Entry Date:** Record the staff initials and date of the staff member who records the date administered.
- **Dose/Units:** If the dose or units is unknown, draw a single line through the blank response boxes and initial and date.
- **Route:** Below is a list of common route abbreviations:

PO oral	IM intramuscular	IHL inhaled
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**SAMPLE** *Do NOT FAX TO DATAFAX*



Visit Code   .

MTN 016 (168)

IFV-1 (125)

**Participant ID**

-  -  -   
 Site Number Participant Number Chk Cohort

**Infant Visit**

**Visit Date**

dd MMM yy

1. Weight: .....  .  kg *local percentile* **NO LONGER APPLICABLE FOR THIS PROTOCOL.** *not assessed* OR  → **If not assessed, record reason in Comments.**
2. Length: .....  .  cm *local percentile* **NO LONGER APPLICABLE FOR THIS PROTOCOL.** *not assessed* OR  → **If not assessed, record reason in Comments.**
3. Head circumference:  .  cm *not assessed* OR  → **If not assessed, record reason in Comments.**
4. Abdominal circumference (only for infants ≤ 1 month): .....  .  cm *not assessed* OR
5. Were photographs taken and submitted to document suspected or confirmed anomalies as clinically indicated? .....  *yes*  *no*

**Specimen Collection Date**

<i>dd</i>	<i>MMM</i>	<i>yy</i>		<i>not required</i>	<i>stored</i>	<i>not stored</i>	<i>Reason:</i>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	6. Plasma .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →	_____
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	7. Dried blood spot .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →	_____
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	8. Cell pellet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →	_____

Comments: \_\_\_\_\_



---

## Infant Visit (IFV-1)

**Purpose:** This form is required at each completed scheduled follow-up visit, as well as at interim visits.

### General Information/Instructions:

- **Visit Code:** Record the visit code assigned to the visit. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.
- **Participant ID:** Refer to the SSP Manual for specific information on Participant IDs for MTN 016.

### Item-specific Instructions:

- **Items 1 and 2:** If these items are “not assessed,” record reason on Comments lines.
- **Item 4:** Abdominal circumference is only recorded for infants less than or equal to one month of age. For all infants greater than a month old, mark the “not assessed” box.
- **Items 6–8:** Specimen Collection Date: Record the date that the specimen(s) was collected (not the date results were reported or recorded on the form) for this visit. Complete date required. If the specimen is not required, mark the “not required” box and leave the Specimen Collection Date blank.