Section 7. Visit Checklists

This section contains examples of checklists detailing the protocol-specified procedures that must be completed at MTN 004 study visits.

The checklists also specify the data collection forms that must be completed at each visit. Detailed procedural guidance for performing clinical and laboratory procedures is provided in Sections 10 and 12, respectively. Detailed forms completion instructions are provided in Section 14.

7.1 Use of Checklists

The visit checklists included in this section are designed to guide site staff in proper study procedures as well as to serve as source documentation of procedures performed at study visits. Note, however, that checklists alone may not be sufficient for documenting all procedures. For example, chart notes may be required to:

- Explain why procedures in addition to those listed on a checklist were performed
- Explain why procedures listed on a checklist were not performed
- Document procedures performed at interim visits
- Document the content of counseling sessions and/or other in-depth discussions with participants (e.g., related to adherence to protocol requirements)

See Section 3 for detailed information on source documentation requirements. Tips for completing visit checklists in accordance with these requirements are as follows:

- Enter the participant identification number (PTID) and visit date in the top section of each checklist. If information is written on the front and back of the checklist, enter the PTID and visit date on both sides.

- For follow-up visits, enter the visit code in the top section of each checklist (per the instructions in Section 14) and mark whether the visit is a study exit visit.

- Enter your initials only beside the procedures that you perform. Do not enter your initials beside procedures performed by other staff members. If other staff members are not available to initial checklist items themselves, enter, initial, and date a note on the checklist documenting who completed the procedure, e.g., “done by {name}” or “done by lab staff.”

- If all procedures listed on a checklist are performed on the date entered in the top section of the form, the date need not be entered beside each item. If procedures listed on a checklist are performed on multiple dates, enter the date upon which each procedure is performed beside each item.

- If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why on the checklist (if not self-explanatory); initial and date this entry.

7.2 Sequence of Procedures

The sequence of procedures presented on the visit checklists is a suggested ordering. In consultation with the MTN CORE, site staff may modify the checklists included in this section to maximize the efficiency of site-specific study operations. Sites may alter the sequence of procedures to suit local staffing and logistical requirements, with the following exceptions:

- Informed consent for screening must be obtained before any screening procedures are performed.
- Informed consent for enrollment must be obtained before conduct of any study enrollment or follow-up procedures are performed. Enrollment procedures are listed in the Enrollment sub-sections of protocol Section 7
- Behavioral assessments (web-based surveys, Study Gel Adherence CRF) must be administered prior to adherence counseling.
- Pelvic/colposcopy exam procedures must be performed in the sequence shown on the pelvic exam checklists.

Screening Visit 1: Page 1 of 4

PTID:	Visit Date:

1. _____ Confirm whether the participant is between the ages of 18 and 24 (to provide informed consent for research and meet study age requirement). Explain the two-step (screening and enrollment) informed consent process.

2. _____ Explain study requirements to the participant

3. _____ Review consent with participant according to local SOPs.

4. _____ Obtain written informed consent and complete Consent Process Worksheet.

   ➢ *If the participant does not consent to screening, STOP. Do not fax any forms to SCHARP.*

5. _____ Confirm participant identity. Cross-check with the MTN 004 Name-PTID Link Log to determine whether an MTN 004 Participant ID number has previously been assigned to the participant.

6. _____ Assign an MTN 004 PTID (if not done during a previous screening attempt) by completing a new row in the MTN 004 Name-PTID Link Log.

7. _____ Obtain contact information and record on local form.

   ➢ *If the participant does not provide adequate contact information, and is determined not to be a good candidate for the study (investigator decision) STOP. Inform the participant that she is ineligible. Retain documentation completed thus far, and complete the form, but do not fax any forms to SCHARP.*

8. _____ Complete the **Screening Consent** DataFax CRF.

   Based on the 36-day screening and enrollment window, beginning on the day informed consent is obtained for screening; enter the participant's last possible enrollment date for this screening attempt ⇒

9. _____ Administer the **Demographics** DataFax CRF.

10. _____ Complete the **Screening 1 Visit Eligibility** non-DataFax CRF

Screening Visit 1: Page 2 of 4

PTID:	Visit Date:

11.____ Collect approximately 15-60 mL urine and:
Aliquot approximately 5-10 mL and perform qualitative pregnancy test.
Complete testing logs and record result in item 26 of the **Screening 1 Visit Eligibility** form (non-Data Fax CRF).

If the participant is pregnant, STOP. Inform the participant that she is ineligible. Retain documentation completed thus far, and complete the ***Screening Summary*** *form, but do not fax any forms to SCHARP.*

Prepare urine for SDA for gonorrhea and chlamydia at the network lab.
Prepare urine for culture and sensitivity if indicated; refrigerate prior to testing.
Complete dipstick urinalysis; record results for blood, glucose, protein, leukocytes and nitrates according to local SOP. Record results on **STI Laboratory Results** form.
Perform Herpes Culture if indicated

NOTE: If clinically indicated, conduct urine culture and sensitivity, and provide treatment per site SOP. Record results of culture on **STI Laboratory Results** form.

- *If the participant's lab results indicate an active STI – with the exception of asymptomatic BV and asymptomatic vulvovaginal candidiasis —she is ineligible for enrollment: STOP. Inform the participant that she is ineligible. Retain documentation completed thus far, and complete the form, but do not fax any forms to SCHARP.*

12.____ Provide HIV pre-test and HIV/STI risk reduction counseling. Obtain informed consent for HIV testing. Provide condoms, other applicable prevention supplies (if any), and referrals if needed/requested.

13._____ Provide counseling on contraceptive options and male condom use.

14._____ Do vital signs and record on the **Physical Exam** non-DataFax form.

15._____ Obtain medical, menstrual, and genitourinary history with documentation of current medications. Record on **Baseline Medical History** form (non-Data Fax), **History of Genital Symptoms** form (non-Data Fax) and **Concomitant Medications Log** Data Fax CRF.

16. _____ Perform abdominal exam and record on **Physical Exam** (non-Data Fax) form.

17. _____Perform and document pelvic exam using pelvic exam checklist. Complete the **Screening 1 and Enrollment Pelvic Exam** Data Fax CRF.

Screening Visit 1: Page 3 of 4

PTID:	Visit Date:

18. ____ Determine whether the participant is currently experiencing STI symptoms or has been diagnosed or treated for STI in prior 6 months:

 □ No
 □ Yes ⇒ a._____ Examine the participant if required per site SOP
 b._____ Refer to treatment if clinically indicated.

If the participant is currently experiencing STI symptoms or has been diagnosed or treated for an STI in the prior 6 months (with the exception of genital HSV recurrence), she is ineligible for enrollment, STOP. Inform the participant that she is ineligible. Retain documentation completed thus far, and complete the form, but do not fax any forms to SCHARP.

19. ____ Complete the **Clinical Eligibility** (non-Data Fax) form.

20. ____ Collect blood and complete an **LDMS Specimen Tracking Sheet** as follows:
 - □ red top tube(s) (no additive)
 - □ purple top tube(s) (EDTA)
 - □ blue top tube (sodium citrate)

21. ____ Prepare remaining blood for testing at the local lab:
 - □ Syphilis (RPR) serology
 - □ CBC (hemoglobin, hematocrit, RBC, WBC with differential, platelets)
 - □ Coagulation panel (PT INR and PTT)
 - □ Liver and renal function (AST, ALT, creatinine level) HIV testing
 - □ HIV Elisa/Western Blot

22. ____ Provide study informational material. Provide site contact information and instructions to contact the site for additional information and/or HIV/STI counseling, if needed, prior to the next visit.

23. ____ Schedule the HIV Results appointment (may also be the Screening 2/Enrollment Visit, based on participant eligibility) taking into account the timing for receipt of the HIV result, receipt of other lab results, the participant's menstrual cycle, and the 36-day screening period.

24. ____ Provide reimbursement for study visit.

25. ____ Complete, Sign and date chart notes for the visit. Review and complete all other participant chart concepts for the visit, but do not fax any forms to SCHARP.

PTID:	**Visit Date:**

26. ____ When all lab results are available, transcribe HIV test results onto the **STI Laboratory Results** form. Schedule a visit to inform the participant of her results (this can coincide with the screening 2/Enrollment Visit). Before disclosing results to participant, obtain independent review, verification, and sign-off of the result.

- ☐ *If the EIA is negative, the participant is considered HIV-uninfected, and eligible for the study. Provide appropriate post-test counseling.*

27. ____ *If the EIA is positive, WB testing is required to clarify the participant's HIV status.*

- ☐ *Record all WB results on the **HIV Test Results** form.*
- ☐ *If both the EIA and WB are positive, the participant is considered HIV infected and ineligible for the study (refer to HIV algorithm in Appendix III of the Protocol and Section 12 of the SSP). STOP.*
- ☐ *If EIA is positive and WB is negative or indeterminate, contact the MTN Network Lab*
- ☐ *Provide appropriate post-test counseling, and inform the participant that she is ineligible.*
- ☐ *Refer to local care providers for follow-up and treatment of HIV.*
- ☐ *Retain documentation completed thus far, and complete the **Screening Summary** form, but do not fax any forms to SCHARP.*

*Note: The **STI Laboratory Results**, **Safety Laboratory Results, and Pelvic Laboratory Results** forms (and **HIV Test Results** form, when applicable) should be completed when all required test results are available, prior to the Screening 2/Enrollment Visit. Do not fax any forms to SCHARP until the participant is randomized. If the participant is deemed ineligible, retain all of these Datafax forms on site but do not fax any of them to SCHARP.*

Screening Visit 2: Page 1 of 4

PTID:	**Visit Date:**

1._____ Complete participant registration, confirm the participant's identity, verify her PTID, and determine the current screening attempt number.

2._____ Review chart notes and other relevant documentation from previous visit(s).

3._____ Provide and explain all other prior screening test results. Provide post-test counseling for HIV/STIs. Provide male condom counseling.

☞ *If chlamydia, gonorrhea, and/or syphilis infection were identified, and treatment was not provided previously, treatment is required, and. participant is ineligible for the study. STOP. Inform the participant that she is ineligible. Retain documentation completed thus far, and complete **Screening Summary** form, but do not fax any forms to SCHARP.*

4._____ Assess and explain the participant's current eligibility status. Explain the content and sequence of procedures for the remainder of today's visit.

5._____ Update contact information and record on local form

6._____ Collect ~20 mL urine and:

6a._____ Aliquot ~5 mL and perform pregnancy test; retain remaining urine for remainder of visit.

6b._____ Complete testing logs and record result in item 14 of the **Screening 2 Visit/Enrollment Eligibility** form.

☞ *If the participant is pregnant, STOP. Inform the participant that she is ineligible. Retain documentation completed thus far, and complete **Screening Summary** form, but do not fax any forms to SCHARP.*

7._____ Complete/administer the **Screening 2 Visit/Enrollment Eligibility** form.

☞ *Because it imperative that the potential participant pool is not biased with respect to information on how to answer specific questions, participants – whether deemed eligible or ineligible --should not be given details regarding particular responses and the impact of those response on determining eligibility.*

☞ *If any of the participant's answers indicate that she is ineligible, finish administering the form through item 13a and then STOP. Inform the participant that she is ineligible. Complete items 14-15 on the form. Retain documentation completed thus far, and complete **Screening Summary** form, but do not fax any forms to SCHARP.*

8._____ Perform focused medical and menstrual history with documentation of current medications. Record findings on the **Baseline Medical History** form and **Concomitant Medications Log**.

9.____ If indicated, perform and document pelvic exam on the **Screening 2 Pelvic Exam** form

PTID:	Visit Date:

10.____ Determine the participant's current eligibility status based on all screening documentation (refer to the **Screening Summary** form as needed). Explain eligibility status and next steps to the participant.

❒ Currently eligible and enrolling on the same day ⇒ *Continue with the Enrollment checklist.*

❒ Currently eligible but not enrolling on the same day ⇒ *Perform Y5-Y7 on page 3. Schedule Enrollment Visit to occur as soon as possible taking into consideration the 36-day screening period and the participant's menstrual cycle. Refer to last possible enrollment date on page 1 of Screening Visit 1 checklist.*

❒ Not currently eligible ⇒ *Continue as directed in the box below.*

For participants who are not currently eligible: all screening and enrollment procedures must be completed within 36 days of the participant's providing informed consent for screening. Otherwise the entire screening process must be repeated.

Based on all available information, is the participant likely to be confirmed eligible within the 36-day window for the current screening attempt?

Refer to last possible enrollment date on page 1 of the Screening 1 Visit Checklist .

❒ Yes ⇒ *Continue the current screening attempt: perform Y1-Y8 on page 3*
❒ No ⇒ *Discontinue the current screening attempt: perform N1-N8 on page 4.*

Screening Visit 2: Page 3 of 4

PTID:	Visit Date:

Procedures on this page are for participants who are continuing the current screening attempt, but not enrolling on the same day.

Y1.____ If clinically indicated, perform dipstick urinalysis on the aliquot of urine used for pregnancy testing. Complete testing logs and record results in the participant's chart notes only.

Y1a.____ If clinically indicated, provide treatment and/or conduct additional UTI work-up per site SOP. Document additional work-up in chart notes only. Document treatment on the **Concomitant Medications Log**.

Y2.____ If clinically indicated, transfer remaining (15 mL) urine to conical tube and refrigerate or transfer 2-4 ml directly into a UPT pending delivery to the local lab for shipment to the Network Lab for gonorrhea and chlamydia SDA.

Y3.____ If clinically indicated, collect and prepare blood for syphilis serology at the local lab.

Y4.____ Schedule next visit to occur when the participant is likely to be eligible, taking into account the participant's current clinical status (including whether STI/RTI treatment and/or a repeat pelvic exam is required), the participant's menstrual cycle, the timing for receipt of lab results if applicable, and the 36-day screening period. Refer to the last possible enrollment date on page 1 of Screening 1 Visit Checklist.

Y5.____ Reinforce site contact information and instructions to contact the site for additional information and/or HIV/STI counseling, if needed, prior to the next visit.

Y6.____ Reinforce availability of HIV/STI counseling, testing, and STI treatment for partners.

Y7. Provide reimbursement for study visit.

Y8.____ Review and complete signed and dated chart notes for the visit. Review and complete all other participant chart contents for the visit, but do not fax any forms to SCHARP. Do not complete page 4 of this checklist.

Screening Visit 2: Page 4 of 4

PTID:	Visit Date:

Procedures on this page are for participants who are discontinuing the current screening attempt.

N1.____ Provide clinically-indicated follow-up and/or treatment. This may include:
- N1a.____ Perform dipstick urinalysis on aliquot of urine used for pregnancy test. Complete testing logs and record results in the participant's chart notes only.
  - N1a1.____ If dipstick clinically indicated, provide treatment and/or conduct additional UTI work-up per site SOP. Document additional work-up in chart notes only. Document treatment on the **Concomitant Medications Log**.
- N1b.___ Transfer remaining (15 mL) urine to conical tube and refrigerate or transfer 2-4 ml directly into a UPT pending delivery to the local lab for shipment to the Network Lab for gonorrhea and chlamydia SDA.
- N1c.___ Collect and prepare blood for syphilis serology at the local lab.

N2.____ Complete the **Screening Summary** form.

N3.____ Inform the participant that the 36-day period is likely to be exceeded before she may be eligible for the study. If the participant may be eligible at a future date during the 9-month study accrual period, determine whether she is willing to repeat the screening process:

❒ No ⇒ *STOP. Retain documentation completed thus far, but do not fax any forms to SCHARP.*

❒ Yes ⇒ *Continue with items N4-N8 below.*

N4.____ If applicable, schedule another Screening 1 Visit, taking into account the participant's current clinical status, the participant's menstrual cycle, and the timing for receipt of lab results if applicable.

N5.____ Reinforce site contact information and instructions to contact the site for additional information and/or HIV/STI counseling, if needed, prior to the next visit.

N6.____ Reinforce availability of HIV/STI counseling, testing, and STI treatment for partners.

N7.____ Provide reimbursement for study visit.

N8.____ Review and complete signed and dated chart notes for the visit. Review and complete all other participant chart contents for the visit, but do not fax any forms to SCHARP.

Screening/Enrollment Pelvic Exam: Page 1 of 3

PTID:	Visit Date:
Please indicate to which visit this checklist applies: Screening 1: _____ Screening 2: _____ Enrollment: _____	

1._____Using a pencil, write the PTID and specimen collection date on the frosted side of four microscope slides (2 for vaginal wet mount and 2 for vaginal Gram Stain). Then affix a SCHARP-provided PTID label to the other side of each slide (under the pencil markings) and write the specimen collection date in ink on each label.

2._____Affix a SCHARP-provided PTID label to a glass or plastic tube containing approximately six drops (100 µL) of saline. Write the specimen collection date in ink on the label.

3._____Explain the exam procedures to the participant and answer any participant questions.

4._____Position and drape the participant comfortably.

5._____Palpate inguinal lymph nodes. Document abnormal findings on the **Screening 1 and Enrollment Pelvic Exam** form (if this is the Screening 1 pelvic exam), or the **Screening 2 Pelvic Exam** form (if this exam is conducted at the Screening 2 Visit).

6._____Inspect external genitalia. Note all findings on the Pelvic Exam Diagrams. Document abnormal findings in items 1-1a on the appropriate pelvic exam form (**Screening 1 and Enrollment Pelvic Exam** form or **Screening 2 Pelvic Exam** form).

7._____ Insert speculum, using warm water as lubricant if needed. Observe general state of the cervix.

8._____ Assess for homogenous discharge. Record observation on the **Pelvic Laboratory Results** form.

9.____ Place pH strip against the lateral vaginal wall until moistened. Alternatively, collect vaginal fluids from the lateral vaginal wall via swab and swab fluids onto the pH strip. Record pH on the **Pelvic Laboratory Results** form.

Screening/Enrollment Pelvic Exam: Page 2 of 3

PTID:	Visit Date:
Please indicate to which visit this checklist applies: Screening 1: _____ Screening 2: _____ Enrollment: _____	

10.____ Swab vaginal fluids from the lateral vaginal wall for Gram stain; do not place the swab in saline, transport medium, or a transport container prior to slide preparation (see also SSP Section 12):

10a.____ Roll the swab across two labeled slides and then allow the specimens to air dry.
10b.____ Document specimen collection on the appropriate pelvic exam form **(Screening 1 and Enrollment Pelvic Exam** form or **Screening 2 Pelvic Exam** form) and on the **LDMS Specimen Tracking Sheet**.

☞ *If the participant is not enrolled in the study on the same day as this exam, "pending enrollment" should be entered in the Comments section of the LDMS Specimen Tracking Sheet that accompanies the Gram stain slides to the local laboratory.*

11.____ Swab vaginal fluids from the lateral vaginal wall for wet prep; proceed immediately to Step 12a or place the swab in a labeled glass or plastic tube containing approximately six drops (100 µL) of saline to allow for non-immediate slide preparation and evaluation, as follows (see also SSP Section 12):
11a.____ Smear vaginal fluids from the swab onto two labeled slides.
11b.____ Apply KOH to one slide, perform whiff test, then apply cover slip.
11c.____ Apply saline to the second slide, emulsify, then apply cover slip. Immediately evaluate for trichomonads, yeast buds, pseudohyphae, and clue cells.
11d.____ Evaluate KOH slide for yeast buds and pseudohyphae.
11e.____ If slides are read in-clinic by clinical staff, record results directly onto the **Pelvic Laboratory Results** form. If slides are read by lab staff (either in the local lab or a designated in-clinic lab area) complete testing logs and then transcribe results onto the **Pelvic Laboratory Results** form.

➢ *If lab results are positive for trichomonads, yeast buds, pseudohyphae and/or clue cells, the participant is ineligible, with the exception of asymptomatic BV and asymptomatic vulvovaginal candidiasis. STOP. Inform the participant that she is ineligible. Retain documentation completed thus far, and complete the form, but do not fax any forms to SCHARP.*

12.____ **Enrollment Visit only:** collect vaginal quantitative culture specimen. Document specimen collection on the appropriate pelvic exam form (**Screening 1 and Enrollment Pelvic Exam** form or **Screening 2 Pelvic Exam** form) and on the **LDMS Specimen Tracking Sheet.**

Screening/Enrollment Pelvic Exam: Page 3 of 3

PTID:	Visit Date:
Please indicate to which visit this checklist applies: Screening 1: _____ Screening 2: _____ Enrollment: _____	

13.____ Inspect cervix and vagina:

13a.___ Naked eye exam ⇒ Note all findings on the Pelvic Exam Diagrams. Document abnormal findings in items 1-1a on the appropriate pelvic exam form (**Screening 1 and Enrollment Pelvic Exam** form or **Screening 2 Pelvic Exam** form).

14.____ **Screening 1 only: If applicable, (unless documentation of normal Pap result in 12 calendar months)**, collect ecto- and endocervical cells for Pap smear per site SOP.

15.___ **Enrollment Visit only:** collect cervical swabs for cytokine and innate factors testing. Document specimen collection on the appropriate pelvic exam form (**Screening 1 and Enrollment Pelvic Exam** form or **Screening 2 Pelvic Exam** form) and on the **LDMS Specimen Tracking Sheet.**

16.___ **Enrollment Visit ONLY:** Colposcopic exam ⇒ Note all findings on the Pelvic Exam Diagrams. Document abnormal findings observed at the Screening 1 Visit in items 2-2a on the **Screening 1 and Enrollment Pelvic Exam** form, and document the degree of cervical ectopy in items 4-4a of the form. Save image(s) of abnormalities electronically (capture of images is optional). Normal images also may be saved.

17.____ Perform bimanual exam. Document abnormal findings in items 1-1a on the appropriate pelvic exam form **(Screening 1 and Enrollment Pelvic Exam** form or **Screening 2 Pelvic Exam** form).

18.____ Record the size of speculum used and position of the participant's cervix on the Pelvic Exam Diagrams.

Enrollment: Page 1 of 5

PTID:	Visit Date:

Will the Enrollment procedures listed below this box be conducted on the same day as Screening Visit 2?

❒ Yes ⇒ *Continue with the Enrollment procedures on pages 2-4.*
❒ No ⇒ *Perform procedures B1-B9 in this box and then continue with the Enrollment procedures on pages 2-4 if applicable.*

B1._____ Review chart notes and other relevant documentation from previous visit(s).

B2._____ Confirm that the 36-day window has not been exceeded for the current screening attempt. Refer to the last possible enrollment date recorded on the Screening Visit 1 checklist.

B3.____ Results/Counseling- Provide test results as available. Counseling as needed.

B4.____ Update contact information and record on local form

B5.____ Review/update the **Baseline Medical History** and **Concomitant Medications Log**. Document review with a signed and dated note on each document reviewed. Initial and date updated entries.

B6.____ Collect ~20 mL first void urine and:
B6a.____ Aliquot ~5 mL and perform pregnancy test.
B6b.____ Complete testing logs and transcribe result here:

❒ negative ❒ positive

☞ *If the participant is pregnant, STOP. Inform the participant that she is ineligible. Retain documentation completed thus far, record results in the participant's chart notes, and complete the **Screening Summary** form. Do not fax any forms to SCHARP.*

B7.____ Review/update the **Screening 2 Visit/Enrollment Eligibility** form. Document review with a signed and dated note on the form. Initial and date updated entries.

B8.____ Confirm the participant's current eligibility status based on all screening documentation.

B9.____ Explain eligibility status and next steps to the participant.

❒ Currently eligible ⇒ *Continue with the Enrollment procedures on pages 2-4.*
❒ Not currently eligible ⇒ *Continue/repeat screening procedures and clinically-indicated treatment and follow-up as needed. Do not complete the remainder of this checklist.*

Enrollment: Page 2 of 5

PTID:	Visit Date:

1._____Confirm that the 36-day window has not been exceeded for the current screening attempt.

2._____Results of Screening/Counseling as needed.

3._____ Explain again the two-step informed consent process and obtain written informed consent for the study. Document the informed consent process in a chart note and on any other documents per site SOP.
   ☞ *If the participant does not consent to the study, complete the **Screening Summary** form and then STOP. Retain documentation completed thus far, but do not fax any forms to SCHARP.*

4. _____ Administer informed consent comprehension checklist, according to SOPs

5._____ Obtain written informed consent for specimen storage and possible future research testing. Document the informed consent process in a chart note and on any other documents per site SOP. Complete Consent Process Worksheet.
   ☞ *Consent for specimen storage and possible future research testing is optional. If the participant does not consent, she may still take part in the study.*

6. _____ Update Contact Information and record on local form.

7._____ Complete the **Screening Summary** form and items 1-1a of the **Enrollment** form.

8._____ Complete the **Family Planning Methods** form.

9._____ Administer the **Baseline Genital Symptoms** form.
   ☞ *This form must be administered prior to random assignment by a staff member who has not previously provided HIV/STI counseling to the participant.*

10._____ Complete the non-Data Fax **Clinical Eligibility** form

11._____ Complete web-based Baseline Behavioral Questionnaire.

   a. _____ Escort participant to the office equipped with a laptop or desktop where the Web-based Baseline Behavioral Questionnaire will be completed.

   b. _____ Locate the Web page for the Baseline Behavioral Questionnaire (www.scharp.org/MTN004baseline).

   c. _____ Enter PTID and study code.

PTID:	Visit Date:

d. _____ Provide instructions to the participant (if necessary) on how to operate the mouse to respond to questions online.

e. _____ Select a location for the laptop that is private (i.e., the screen should be out of sight of staff members or other participants while responses are being entered), but allows study staff to be nearby to answer questions or assess whether the participant is having computer problems.

12. _____ Vital Signs and targeted physical (abdominal) exam. Complete **Physical Exam** (non DataFax) and **Pharmacokinetics** form.

13. _____ Perform and document pelvic exam using pelvic exam checklist. Complete the **Screening 1 and Enrollment Pelvic Exam** Data Fax CRF.

14. _____ Collect blood as follows (specimen collection must occur prior to randomization):
    - □ red top tube(s) (no additive)
    - □ purple top tube(s) (EDTA)
    - □ blue top tube (Sodium Citrate)
    - □ green top tube (Lithium Heparin)

15. _____ Complete an **LDMS Specimen Tracking Sheet** for stored samples and/or samples tested at the MTN Network Lab.

16. _____ Prepare blood for testing/storage at the local lab:
    - □ CBC (hemoglobin, hematocrit, RBC, WBC with differential, platelets)
    - □ Coagulation panel (PT INR and PTT)
    - □ Liver and renal function (AST, ALT, creatinine level)
    - □ Lavender top tube (EDTA) for plasma archive (if applicable)
    - □ Green top tube for SPL7013 level

17. _____ Obtain the next sequential **Clinic Randomization Envelope (or Replacement Envelope, if a replacement participant).** Assign the next sequential envelope to the participant by completing the row of the appropriate envelope tracking record (Clinic Randomization Envelope Tracking Record or Replacement Envelope Tracking Record) that corresponds to the next sequential envelope.

PTID:	Visit Date:

18._____ Open the assigned envelope and confirm that the envelope number printed on the prescription contained in the envelope corresponds with the number on the outside of the envelope.

19.____ Complete the prescription contained inside the envelope and:
- ❒ Fax a copy of the prescription to the pharmacy and arrange for delivery of the white original prescription to the pharmacy. Retain the envelope and the yellow clinic copy of the prescription in the participant's study notebook. While waiting for gel supplies to be delivered, continue with the remainder of this checklist.

20.____ Complete items 2-2f of the **Enrollment** form. When gel supplies arrive, complete the remainder of the form.

21.____ Reinforce the instructions to contact the site to request additional gel, if needed, prior to the next visit and remind the participant to bring her unused applicators to the next visit.

22.____ Dispense Product and provide study product usage instructions.

23. ____ Instruct participant to insert first dose in study clinic.

24.____ Reinforce site contact information and instructions to contact the site to report symptoms — *especially genital symptoms* — and/or to request for additional information, HIV/STI counseling, and/or condoms, if needed, prior to the next visit.

25.____ Explain the weekly follow-up visit schedule to the participant and schedule her phone assessment, 1-Week, 2-Week, and 3-Week study visits at this time.

26.____ Inform the participant of tests to be performed prior to the next visit. Also inform the participant of availability of HIV/STI counseling, testing, and STI treatment for partners.

27.____ Provide study reimbursement.

28.____ Complete the **Pre-Existing Conditions** form. Record all medical conditions that are ongoing at the time of participant randomization, based on source data collected throughout the screening process. Whenever possible, record a diagnosis rather than individual signs and symptoms. When this is not possible, record each individual sign or symptom. Do not record STIs or other infections that were fully treated prior to randomization. In the "comments" box for each condition, record as much information as possible on the severity and/or frequency of the condition at the time of participant randomization.

PTID:	Visit Date:

29.____ Document the visit in a signed and dated chart note. Complete and review all participant chart contents, including the following non-Data Fax forms:

- ❒ Screening 1 Visit Eligibility
- ❒ Screening 2 Visit/Enrollment Eligibility
- ❒ Baseline Medical History
- ❒ History of Genital Symptoms
- ❒ Physical Exam
- ❒ Pelvic Exam Diagrams
- ❒ Clinical Eligibility (from Screening 1 and Enrollment Visits)
- ❒ Screening Summary
- ❒ LDMS Specimen Tracking Sheet

30.____ Fax all required Data Fax forms to SCHARP Data Fax:

- ❒ Screening Consent
- ❒ Demographics
- ❒ Screening 1 and Enrollment Pelvic Exam (from Screening 1 and Enrollment Visits)
- ❒ Screening 2 Pelvic Exam (if applicable)
- ❒ Baseline Genital Symptoms
- ❒ STI Laboratory Results*
- ❒ Pelvic Laboratory results* (from Screening 1 and Enrollment Visits)
- ❒ Safety Laboratory Results* (from Screening 1 and Enrollment Visits)
- ❒ Concomitant Medications Log
- ❒ Family Planning Methods
- ❒ Enrollment
- ❒ Pre-Existing Conditions
- ❒ Pharmacokinetics

☞ *The STI Laboratory, Pelvic Laboratory, and Safety Laboratory results forms are required for enrolled participants and MUST be completed, reviewed, and faxed to SCHARP when results are available by clinic and/or lab staff.*

Follow-up Clinic Visits: Page 1 of 6

PTID:	**Visit Date:**
Please indicate to which follow-up visit this checklist applies: **1-Week: _____ 2-Week: _____ 3-Week:_____ or Interim: _____** ***Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit.***	

1._____ Complete participant registration, confirm the participant's identity, and verify her PTID.

2._____ Review chart notes and other relevant documentation from previous visit(s).

3._____ Review elements of informed consent as needed.

4._____ Explain the content and sequence of procedures for today's visit. Do vital signs and record on the Physical Exam (non-DataFax) form.

5.____ Provide and explain available exam and lab test results. Provide post-test counseling, if appropriate. Provide treatment for RTIs/STIs if needed. Document treatment on the **Concomitant Medications Log**. Refer to Protocol Appendix II for guidelines on holding, discontinuing or continuing with study gel. Complete **Product Hold/Discontinuation** as necessary. Contact **PSRT** if there are any questions about management.

6._____ Review/update locator information.

7._____ Complete/update **Adverse Experience Log** form(s) if required based on interval medical/menstrual history, clinical exams/assessments, and lab tests.

8._____ Collect ~20 mL urine and:
- a._____ Aliquot ~5 mL and perform pregnancy test; retain remaining urine for remainder of visit.
- b._____ Complete testing logs and transcribe result onto the form.

<u>If the participant is pregnant</u>:
- c._____ Inform the participant that she must discontinue gel use; arrange to collect her unused gel.
- d._____ Complete items 1-2 of a **Product Hold/Discontinuation** form.
- e._____ Complete a **Pregnancy Report and History** form.
- f._____ Complete a **Study Gel Request Slip**, marked "HOLD." Deliver the completed white original to the pharmacy. Retain the yellow clinic copy in the participant's study notebook.

9._____ Administer the **Family Planning Methods** form.

PTID:	**Visit Date:**
Please indicate to which follow-up visit this checklist applies: **1-Week: _____ 2-Week: _____ 3-Week:______ or Interim: _____** ***Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit..***	

10._____ **For the 1-Week and 2-Week Visits only:** Administer the **Study Gel Adherence** form
Note: If participant misses her 2-Week Visit, administer this form at the 3-Week Visit.

11._____ **For the 2-Week Visit only:** Administer the **Acceptability Assessment** form.
Note: If participant misses her 2-Week Visit, administer this form at the 3-Week Visit.

12._____ **For the 2-Week Visit only:** Administer the web-based **Adherence** and **Acceptability Questionnaire:**
Note: If participant misses her 2-Week Visit, administer this questionnaire at the 3-Week Visit.

a. ______ Escort participant to the office equipped with a laptop or desktop where the Web-based questionnaire will be completed.
b. ______ Locate the Web page for the Acceptability and Adherence Questionnaire (www.scharp.org/MTN004accept)
c.______ Enter PTID and study code.
d. ______ Remind the participant (if necessary) how to operate the mouse to respond to questions online.
e. ______ Select a location for the laptop that is private (i.e. the screen should be out of sight of staff members or other participants while responses are being entered), but allows study staff to be nearby to answer questions or assess whether the participant is having computer problems.

13._____ **For the 3-Week Visit only:** Administer the web-based **Study Burden Questionnaire**
Note: If participant terminates the study prior to her 3-Week Visit, administer this questionnaire at the Early Termination Visit.

a. ______ Escort participant to the office equipped with a laptop or desktop where the web-based questionnaire will be completed.
b. ______ Locate the web page for the Study Burden Questionnaire (www.scharp.org/MTN004burden).
c. ______ Enter PTID and study code.
d, ______ Remind the participant (if necessary) how to operate the mouse to respond to questions online.
e. ______ Select a location for the laptop that is private (i.e. the screen should be out of sight of staff members or other participants while responses are being entered),

PTID:	Visit Date:
Please indicate to which follow-up visit this checklist applies: **1-Week: _____ 2-Week: _____ 3-Week:______ or Interim: _____** ***Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit..***	

but allows study staff to be nearby to answer questions or assess whether the participant is having computer problems.

14. _____ **For the 3-Week Visit only** (or early Termination Visit, if applicable): Complete the **CASI Tracking** form.

15._____ Administer the **Follow-up Genital Symptoms** form

16._____ Perform interval medical/menstrual history; record findings on the **Follow-up Medical History** form. Review and update the **Concomitant Medications Log**.
   a. If genital blood/bleeding is reported, conduct a pelvic exam (if not already required as part of the visit). Complete a **Genital Bleeding Assessment** form for unexpected genital bleeding.
   b. If applicable, review the status of previously-reported adverse events and update previously-completed **Adverse Experience Log** forms.

17._____ Perform pelvic exam per the Follow-Up Pelvic Exam Checklist. During exam, if applicable, assess genital symptoms reported during administration of the **Follow-up Genital Symptoms** form. Provide or refer for follow-up care as needed. Document follow-up in chart notes.

18._____ If applicable, assess any non-genital symptoms reported in the participant's interval medical/menstrual history. Provide or refer for follow-up care as needed. Document follow-up in chart notes.

19.____ **1-Week Visit** <u>**Only**: For all participants (unless product is held):</u>

   a. _____ Administer the **Gel Re-Supply Worksheet**.
   b. _____ Complete a **Study Gel Request Slip**.
   c. _____ Fax a copy of the Study Gel Request Slip to the pharmacy. Arrange for delivery of the white original to the pharmacy. Retain the yellow clinic copy in the participant's study notebook.
   d. _____ While waiting for gel supplies to be delivered, continue with the remainder of this checklist. After gel supplies are received, provide the supplies to the participant and document the number of cartons provided here → ☐

PTID:	Visit Date:
Please indicate to which follow-up visit this checklist applies: **1-Week: _____ 2-Week: _____ 3-Week:______ or Interim: _____** ***Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit..***	

20.____ If gel use is held/discontinued or resumed at this visit, document the rationale for the hold/discontinuation or resumption in chart notes and/or on other applicable source documents. Also document the hold/discontinuation or resumption on a Product Hold/Discontinuation form a Study Product Request Slip. Deliver the white original Study Product Request Slip to the pharmacy; retain the yellow clinic copy in the participant's study notebook.

21.____ Collect blood as follows (if interim visit, collect any specimens as clinically indicated):
- ❒ red top tube(s) (No additive)
- ❒ purple top tube(s) (EDTA)
- ❒ blue top tube (Sodium Citrate)
- ❒ green top tube (Lithium Heparin) (2-Week Visit only; collect at 3-Week Visit *only* if participant has missed 2-Week Visit)

22.______ **For the 2-Week Visit only:** Complete the **Pharmacokinetics** DataFax form

23.______Complete an **LDMS Specimen Tracking Sheet** for stored samples and/or samples tested at the MTN Network Lab.

24.______Prepare blood for testing/storage at the local lab:
- □ CBC (hemoglobin, hematocrit, RBC, WBC with differential, platelets)
- □ Coagulation panel (PT INR and PTT)
- □ Liver and renal function (AST, ALT, creatinine level)
- □ Lavender top tube (EDTA) for plasma archive (if applicable)
- □ Green top tube for SPL7013 level

25.____ Complete **Follow-up Visit** form (or **Interim Visit** form, if an interim visit)

26.____ Provide condoms, other applicable prevention supplies (if any), and/or referrals if needed/requested.

27.____ Inform the participant of tests to be performed prior to the next visit. Also inform the participant of availability of HIV/STI counseling, testing, and STI treatment for partners.

PTID:	Visit Date:
Please indicate to which follow-up visit this checklist applies: 1-Week: _____ 2-Week: _____ 3-Week:______ or Interim: _____ ***Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit..***	

28.____ Provide HIV/STI and/or adherence counseling if needed/requested.

29.____ Reinforce availability of HIV/STI counseling, testing, and potential STI treatment for partners.

30. _____ 1-Week Visit only: Reinforce the study product usage instructions, and instructions to contact the site to request additional gel, if needed, prior to the next visit, and remind the participant to return unused applicators at the next visit.

31.____ Reinforce site contact information and instructions to contact the site to report symptoms — especially genital symptoms — and/or to request for additional information, HIV/STI counseling, and/or condoms, if needed, prior to the next visit.

32.____ Provide study reimbursement and schedule next visit (if indicated).

<u>Additionally Only If Clinically Indicated (C1-C3)</u>:

C1.____ Perform dipstick urinalysis on aliquot of urine used for pregnancy testing. Complete testing logs and transcribe results onto the **STI Laboratory Results** form.

C1a.____ If clinically indicated, conduct urine culture and sensitivity, and provide treatment per site SOP. Document additional work-up in chart notes. Document treatment on the **Concomitant Medications Log**. Document urine culture result on the **STI Laboratory Results** form and urine sensitivity results in the participant's chart notes.

C2.____ Transfer remaining (15 mL) urine to conical tube or transfer directly into a Genprobe Transport tube and refrigerate pending delivery to the local lab for shipment to the Network Lab for gonorrhea and chlamydia Genprobe Aptima.

C3.____ Collect and prepare blood for syphilis serology at the local lab.

31.____ Document the visit in a signed and dated chart note. Complete and review all participant chart contents for the visit, including the following non-Data Fax forms:
- ❒ Follow-up Medical History
- ❒ Pelvic Exam Diagrams

Follow-up Clinic Visits: Page 6 of 6

PTID:	Visit Date:
Please indicate to which follow-up visit this checklist applies: **1-Week: _____ 2-Week: _____ 3-Week:______ or Interim: _____** ***Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit..***	

❒ Gel Re-Supply Worksheet (if study gel dispensed)
❒ Study Gel Request Slip (if study gel dispensed)
❒ Participant Replacement Assessment Worksheet

32.____ Fax all required Data Fax forms to SCHARP Data Fax:
❒ Follow-up Visit or Interim Visit
❒ Family Planning Methods
❒ Follow-up Pelvic Exam
❒ Follow-up Genital Symptoms
❒ Pelvic Laboratory Results
❒ Safety Laboratory Results (when all results available)
❒ STI Laboratory Results (if clinically indicated)
❒ Study Gel Adherence (Weeks 1 and 2)
❒ Acceptability Assessment (Week 2)
❒ Pharmacokinetics (Week 2)
❒ CASI Tracking (Week 3 or Early Termination Visit)

As indicated:
❒ Concomitant Medications Log (required for updated or new pages)
❒ Adverse Experience Log (required if any AEs identified or updated at this visit)
❒ Product Hold/Discontinuation (required if product use held/discontinued or resumed at this visit)
❒ Pregnancy Report and History (required if pregnancy identified at this visit)
❒ Pregnancy Outcome (required if pregnancy outcome ascertained at this visit)
❒ HSV-2 Culture

Scheduled or Early Termination:
❒ Termination
❒ End of Study Inventory

Follow-up Pelvic Exams: Page 1 of 3

PTID:	Visit Date:
Please indicate to which follow-up visit this checklist applies: **1-Week: _____ 2-Week: _____ 3-Week:______ or Interim: _____** ***Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit..***	

1._____Review chart notes and other relevant documentation from previous visit(s).

2._____Using a pencil, write the PTID and specimen collection date on the frosted side of four microscope slides (2 for vaginal wet mount and 2 for vaginal Gram Stain). Then affix a SCHARP-provided PTID label to the other side of each slide (under the pencil markings) and write the specimen collection date in ink on each label.

3._____Affix a SCHARP-provided PTID label to a glass or plastic tube containing approximately six drops (100 µL) of saline. Write the specimen collection date in ink on the label.

4._____Explain the exam procedures to the participant and answer any participant questions.

5._____Position and drape the participant comfortably.

6._____Palpate inguinal lymph nodes. Document abnormal findings on the **Follow-up Pelvic Exam** form.

7._____Inspect external genitalia. Note all findings on the Pelvic Exam Diagrams. Document abnormal findings in items 1-1a on the **Follow-up Pelvic Exam** form.

8._____ Insert speculum, using warm water as lubricant if needed. Observe general state of the cervix.

9._____ Assess for homogenous discharge. Record observation on the **Pelvic Laboratory Results** form.

10.____ Place pH strip against the lateral vaginal wall until moistened. Alternatively, collect vaginal fluids from the lateral vaginal wall via swab and swab fluids onto the pH strip. Record on the **Pelvic Laboratory Results** form.

Follow-up Pelvic Exams: Page 2 of 3

PTID:	Visit Date:
Please indicate to which follow-up visit this checklist applies: **1-Week: _____ 2-Week: _____ 3-Week:______ or Interim: _____** ***Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit..***	

11.____ Swab vaginal fluids from the lateral vaginal wall for Gram stain; do not place the swab in saline, transport medium, or a transport container prior to slide preparation (see also SSP Section 12.)

- 11a.____ Roll the swab across two labeled slides and then allow the specimens to air dry.
- 11b.____ Document specimen collection on the **Follow-up Pelvic Exam** form and on the **LDMS Specimen Tracking Sheet**

12.____ Swab vaginal fluids from the lateral vaginal wall for wet prep; proceed immediately to Step 12a or placed the swab in a glass or plastic tube containing approximately six drops (100 µL) of saline to allow for non-immediate slide preparation and evaluation, as follows (see also SSP Section 12.)

- 12a.____ Smear vaginal fluids from the swab onto two labeled slides.
- 12b.____ Apply KOH to one slide, perform whiff test, then apply cover slip.
- 12c.____ Apply saline to the second slide, emulsify, and apply cover slip. Immediately evaluate for trichomonads, yeast buds, pseudohyphae, and clue cells.
- 12d.____ Evaluate KOH slide for yeast buds and pseudohyphae.
- 12e.____ If slides are read in-clinic by clinical staff, record results directly onto the **Pelvic Laboratory Results** form. If slides are read by lab staff (either in the local lab or a designated in-clinic lab area) complete testing logs and then transcribe results onto the **Pelvic Laboratory Results** form.

13.____ Collect quantitative vaginal culture. Document specimen collection on the **Follow-up Pelvic Exam** form and on the **LDMS Specimen Tracking Sheet.**

14.____ Inspect cervix and vagina:

- 14a.___ Naked eye exam ⇒ Note all findings on the Pelvic Exam Diagrams. Document abnormal findings in items 1-1a on the **Follow-up Pelvic Exam** form. If colposcopy is not done, document degree of cervical ectopy on the **Follow-up Pelvic Exam form.**

Follow-up Pelvic Exams: Page 3 of 3

PTID:	Visit Date:

Please indicate to which follow-up visit this checklist applies:

1-Week: _____ 2-Week: _____ 3-Week:______ or Interim: _____

Note: Any protocol-specified studies or exams that were not completed on the assigned visit date must be completed at the next scheduled visit or at an interim visit..

15.____ If bleeding, blood, and/or blood-tinged discharge are observed, refer to SSP Section 10.6 and, if indicated, complete a **Genital Bleeding Assessment** form.

16.____ Collect cervical swabs for cytokines and innate factors. Document specimen collection on the **Follow-up Pelvic Exam** form and on the **LDMS Specimen Tracking Sheet.**

17.____ If one or more genital ulcers are observed:

17a.____ Swab each ulcer. If a cluster of ulcers is observed, each ulcer in the cluster should be sampled with the same swab. Otherwise a different swab should be used for each ulcer.

17b.____ Place (each) swab in a cryovial labeled with a SCHARP-provided PTID label.

17c.____ Document specimen collection on the **Follow-up Pelvic Exam** form and the **LDMS Specimen Tracking Sheet**.

18.___ **2-Week Visit only** (if indicated at all other visits): Colposcopic exam ⇒ Note all findings on the Pelvic Exam Diagrams. Document abnormal findings and degree of cervical ectopy on the **Follow-up Pelvic Exam** form. Save image(s) of abnormalities electronically (optional). Normal images also may be saved.

19.____ Perform bimanual exam. Document abnormal findings on the **Follow-up Pelvic Exam** form.