MTN-003 Study-Specific Procedures Manual
Overview of Section Contents and Identification of Current Section Versions

Section Number	Section Title	Current Version Number	Current Version Date	Updates and Comments
1	Introduction	1.0	7 AUG 09	First final version.
2	Protocol	1.2	16 APR 10	Updated to include protocol Letter of Amendment #02.
3	Documentation Requirements	1.0	7 AUG 09	First final version.
4	Participant Accrual	1.3	24 NOV 10	Provided further instruction for retesting serum creatinine levels if below limit of normal during screening.
5	Informed Consent	1.1	16 APR 10	Section 5.3.1 was added to include guidance on participants who withdraw and then wish to rejoin the study.
6	Participant Follow-Up	1.2	24 NOV 10	• Updated guidance related to study product return in Section 6.7.1; including guidance on unused product not returned to pharmacy. • Included Version 2 of MTN-003 Unused Product Returns Slip. • Further guidance on marking hold/permanent discontinuation on Study Product Request Slip. • Added instructions for making corrections on the Study Product Request Slip. • Clarified procedures for early terminations prior to the PUEV. • Added procedures for early termination after the PUEV.
7	Visit Checklists	1.1	16 APR 10	• Updated to include four new visit checklists (11: Semi-Annual, 12: Annual, 13: PUEV, and 14: Termination/Study Exit). • Follow-Up Pelvic Exam checklist updated to add reference to the Pap Test Result form. • Quarterly Visit Checklist updated to delete participant reminder to record last date and time of product use on appointment card.
8	Participant Retention	1.0	7 AUG 09	First final version.
9	Study Product Considerations For Non-Pharmacy Staff	1.2	16 APR 10	• Section 9.5 updated with circumstance to re-supply with a 60-day supply; guidance on expiration dates of study product Section 9.6 updated with circumstance to re-supply a 60-day supply • Section 9.7 updated to include guidance on returning tablet bottles

10	Clinical Considerations	1.3	24 NOV 10	• Added guidance on documenting amenorrhea as a baseline condition • Clarified that abnormal lab results that are either gradable per the DAIDS Toxicity Table or FGGT or considered clinically significant should be recorded on pre-existing conditions form • Clarified guidance on documenting severity grades of conditions or symptoms identified during follow-up • Updated guidance on Hepatitis B vaccination schedule • Further clarified information on vaginal bleeding during pregnancy • Updated guidance in product use management flowsheets for proteinuria and glycosuria.
11	Adverse Event Reporting and Safety Monitoring	1.3	16 APR 10	• Section 11.1.2 updated to clarify reporting of laboratory values not found on the toxicity tables. • Section 11.1.3 updated with clarification on “life threatening”, hospitalizations • Section 11.1.4 updated with reporting requirements per new DAIDS EAE Reporting Manual (to be used only after the LoA#2 is approved at site) • Figure 11-3a was added for guidance on the new DAIDS EAE Reporting Manual (to be used only after the LoA#2 is approved at site) • Figure 11-5 was updated to include reporting of genital warts • Figure 11-8 was added to provide clarification of when hospitalizations are considered AEs • Section 11.3 was updated to include reporting of abnormal Leucocytes and Nitrates in the absence of a UTI diagnosis and how to round laboratory values • Section 11.4.1 was added for guidance on assessing relationship to study product per new DAIDS EAE Reporting Manual (to be used only after the LoA#2 is approved at site) • Section 11.5 updated with guidance on DAERS reporting and updating reports per new DAIDS EAE Reporting Manual (to be used only after the LoA#2 is approved at site) • Section 11.9, routine safety data summary reports will include a cumulative list of all AEs reported (under LoA#2) • Figure 11-8 was reformatted to make the text readable
12	Counseling Considerations	1.0	7 AUG 09	First final version.
13	Laboratory Considerations	1.4	24 NOV 10	• Allows for use of the Quidel Combo kit for urine pregnancy testing • Clarifies that sites using two rapid HIV kits during follow up do not need NL approval to perform a RNA viral load after a negative or indeterminate Sample 1 Western Blot.

14	Data Collection	1.0	7 AUG 09	• Instructions on page 14-25 updated, current version date of this page is 4 SEP 09. • Instructions on page 14-26 updated, current version date of this page is 4 SEP 09. • Updated pages 14-176 and 14-177 (page 5 of the Participant-reported Baseline Medical and Menstrual History form), current version date of these pages is 2 SEP 09. • Updated pages 14-208 (page 3 of the Screening Part 2 Medical Eligibility form), current version date of this page is 31 AUG 09.
15	Data Communiqués	1.0	7 AUG 09	Data Communiqué #3
16	ACASI Users Manual	1.4	24 NOV 10	• Added reminder that there are no validation checks for the visit code number entered by the administrator. • Added instructions for correcting Key Data in the ACASI Database • Added information about exiting the ACASI program • Clarified instructions related to temporary product holds permanent discontinuation in Appendices F, G, and H
17	Study Reporting Plan	1.0	7 AUG 09	First final version.
18	Bone Mineral Density Substudy	1.2	21 JUL 10	Updated to include MTN-003B Clarification Memo #02 and LOA #01.

19	Community and Adherence Substudy	1.1	18 JAN 11	• Updated the email address for the VOICE-C management team alias list (throughout) • Section 19.4.2 updated to clarify that a person can only enroll in one group • Section 19.4.3 (Group 1) updated to include guidance to provide participant with VOICE Male Partner Fact Sheet to give to her male partner when permission to contact her partner is granted. • Section 19.5 updated to clarify that VOICE participants may be screened over the phone for VOICE-C if they provide permission to be contacted for this reason during a VOICE visit. • Section 19.6.1 updated to include recommendation that the same staff member carry out all EI for a participant; and the same staff who screens Group 1 IDI participant also conducts the interview. • Section 19.6.2 updated to clarify that the same pseudonym must be used for each FGD for Group 3 participants; an education session may be held prior to the FGD for Group 3 and Group 4 participants; the EI may be audio-recorded • Section 19.9 updated to include more guidance around social harms related particularly to Groups 1 and 2; relatedness categories for AE/social harms updated to reflect updates in DAIDS EAE Manual version 2.0 • 19.11.10 updated to include guidance on filing requirements for internal query reports as well as those received from RTI • Section 19.11.11 updated to clarify that the EI may be audio recorded and the removal of references to the QQC report