



CRF Request Study (210)

VOICE (MTN 003) (036)

Current Date

dd *MMM* *yy*

VOICE (MTN 003) CRF Request Form

This request is for site:

- | | | | | | | | |
|------------------------------------|---------------------------------|-----------------------------|--|--------------------------------------|--------------------------------------|-----------------------------|------------------------------|
| <i>Seke South</i>
(Chitungwiza) | <i>Zengeza</i>
(Chitungwiza) | <i>Spilhaus</i>
(Harare) | <i>Makerere Univ.-JHU</i>
(Kampala) | <i>Botha's Hill</i>
(Durban) | <i>Isipingo</i>
(Durban) | <i>Overport</i>
(Durban) | <i>R.K. Khan</i>
(Durban) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Umkomaas</i>
(Durban) | <i>Tongaat</i>
(Durban) | <i>Verulam</i>
(Durban) | <i>WRHI</i>
(Johannesburg) | <i>CAPRISA Aurum</i>
(Klerksdorp) | <i>CAPRISA eThekweni</i>
(Durban) | <i>PHRU</i>
(Soweto) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VOICE (MTN 003) INDIVIDUAL CRFS	Acronym	LANGUAGE					
		ENGLISH	LUGANDA	SESOTHO	SETSWANA	SHONA	ZULU
Adverse Experience Log	AE-1		N/A	N/A	N/A	N/A	N/A
Baseline Family Planning	FPB-1		N/A	N/A	N/A	N/A	N/A
Concomitant Medications Log	CM-1		N/A	N/A	N/A	N/A	N/A
Contraceptives Log	CL-1		N/A	N/A	N/A	N/A	N/A
End of Study Inventory	ESI-1		N/A	N/A	N/A	N/A	N/A
Enrollment	ENR-1		N/A	N/A	N/A	N/A	N/A
Enrollment Medical Eligibility	non-DataFax		N/A	N/A	N/A	N/A	N/A
Follow-up Family Planning	FPF-1		N/A	N/A	N/A	N/A	N/A
Follow-up HIV Rapid Test Result	FHT-1		N/A	N/A	N/A	N/A	N/A
Follow-up Pelvic Exam	FPE-1		N/A	N/A	N/A	N/A	N/A
Follow-up Visit	FV-1		N/A	N/A	N/A	N/A	N/A
Genital Bleeding Assessment	non-DataFax		N/A	N/A	N/A	N/A	N/A
Hair Sample Collection	HSC-1		N/A	N/A	N/A	N/A	N/A
HIV Western Blot Test Results	HTR-1		N/A	N/A	N/A	N/A	N/A
Interim Visit	IV-1		N/A	N/A	N/A	N/A	N/A
LDMS Specimen Tracking Sheet	non-DataFax		N/A	N/A	N/A	N/A	N/A
Missed Visit	MV-1		N/A	N/A	N/A	N/A	N/A
Ongoing Informed Consent Comprehension	ICC-1		N/A	N/A	N/A	N/A	N/A
Optional Specimen Storage	OSS-1		N/A	N/A	N/A	N/A	N/A
Pap Test Result	PTR-1		N/A	N/A	N/A	N/A	N/A
Participant Receipt	PRC-1		N/A	N/A	N/A	N/A	N/A
Participant Transfer	PT-1		N/A	N/A	N/A	N/A	N/A
Participant-rptd Baseline Medical/Menstrual History	non-DataFax		N/A	N/A	N/A	N/A	N/A
Participant-rptd Follow-up Medical/Menstrual History	non-DataFax		N/A	N/A	N/A	N/A	N/A
PBMC Sample Collection	PSC-1		N/A	N/A	N/A	N/A	N/A
Pelvic Exam Diagrams	non-DataFax		N/A	N/A	N/A	N/A	N/A
Physical Exam	non-DataFax		N/A	N/A	N/A	N/A	N/A

17-APR-12



CRF Request Study (210)

VOICE (MTN 003) (037)

Current Date

dd MMM yy

VOICE (MTN 003) CRF Request Form

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VOICE (MTN 003) INDIVIDUAL CRFS	Acronym	LANGUAGE					
		ENGLISH	LUGANDA	SESOTHO	SETSWANA	SHONA	ZULU
Pre-Existing Conditions	PRE-1		N/A	N/A	N/A	N/A	N/A
Pregnancy Outcome	PO-1, -2		N/A	N/A	N/A	N/A	N/A
Pregnancy Report and History	PR-1		N/A	N/A	N/A	N/A	N/A
Product Hold/Discontinuation Log	PH-1		N/A	N/A	N/A	N/A	N/A
Product Re-supply and Re-issues	PRD-1		N/A	N/A	N/A	N/A	N/A
Product Returns	PRT-1		N/A	N/A	N/A	N/A	N/A
Product Use End Visit	PEV-1		N/A	N/A	N/A	N/A	N/A
Safety Laboratory Results	SL-1, -2		N/A	N/A	N/A	N/A	N/A
Screening and Enrollment HIV Test Results	SEH-1		N/A	N/A	N/A	N/A	N/A
Screening and Enrollment Pelvic Exam	SPE-1		N/A	N/A	N/A	N/A	N/A
Screening Consent	SC-1		N/A	N/A	N/A	N/A	N/A
Screening Part 2 Medical Eligibility	non-DataFax		N/A	N/A	N/A	N/A	N/A
Seroconverter Laboratory Results	SCR-1		N/A	N/A	N/A	N/A	N/A
Specimen Storage/PK	SS-1		N/A	N/A	N/A	N/A	N/A
STI Laboratory Results	SLR-1		N/A	N/A	N/A	N/A	N/A
Study Exit Visit	SEV-1		N/A	N/A	N/A	N/A	N/A
Termination	TM-1		N/A	N/A	N/A	N/A	N/A
Vaginal Test Results	VTR-1		N/A	N/A	N/A	N/A	N/A
VOICE Termination Visit Vaginal Product Behavior Form	TVB-1-3		N/A	N/A	N/A	N/A	N/A
VOICE Termination Visit Oral Product Behavior Form	TOB-1-3		N/A	N/A	N/A	N/A	N/A
VOICE (MTN 003) CRF Request Form (3 pgs)	N/A		N/A	N/A	N/A	N/A	N/A

Blank Specimen Labels	Number of Sheets: <i>Mark only one for each type of label.</i>		
Small (0.75" x 0.75")	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300
Large (0.5" x 1.25")	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300

For questions regarding your CRF Order, please send an e-mail to sc.crforders@scharp.org or contact your study Project Manager.

17-APR-12

