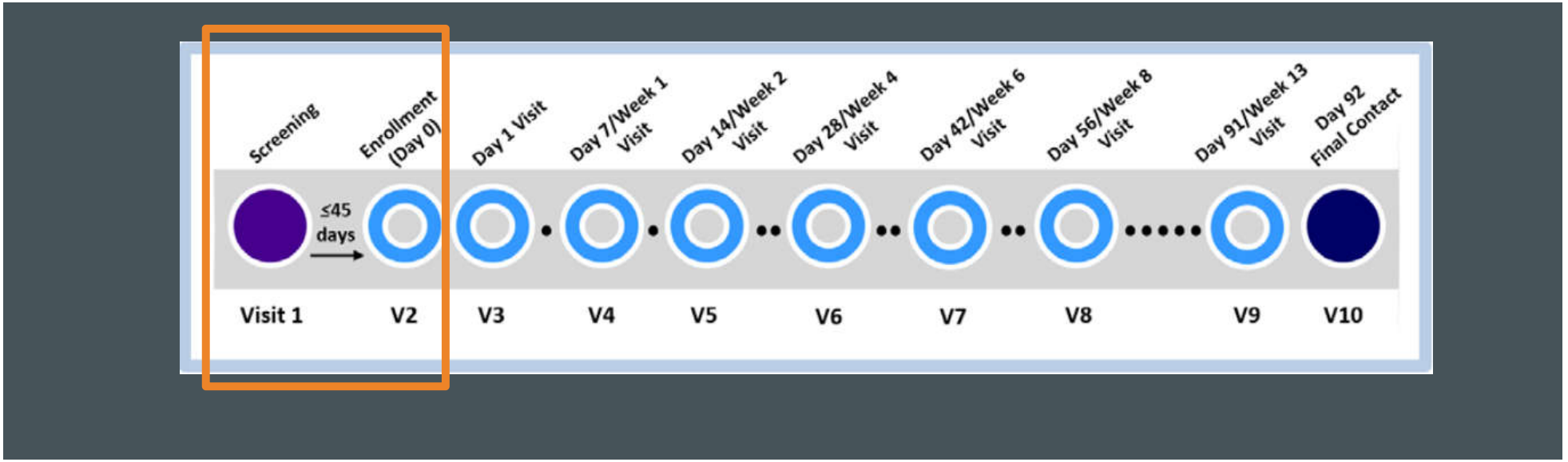
SCREENING AND ENROLLMENT CONSIDERATIONS

MTN-038 STUDY-SPECIFIC TRAINING



SCREENING AND ENROLLMENT VISITS

Screening/ Visit 1	Enrollment/ Visit 2 – Day 0
• Eligibility Criteria initially assessed	• Eligibility Criteria Confirmed
• Multiple visits, if needed (Split visit)	• No split visit permitted
• One re-screen attempt permitted	• Start study product use
	• Long visit for PK collection

45 day window

*not to coincide with participant's menses

ADMINISTRATIVE PROCEDURES

Screening Visit	Procedure	Enrollment Visit
Initial collection per site SOP	Locator Information collection	Review/update per site SOP
Conduct process: read, assess, confirm, document	Informed Consent	Review/ reconfirm
Initial assignment: Complete S&E Log; PTID Name Linkage Log	PTID assignment	Use same PTID; Update S&E Log
Collect via Demographic CRF	Demographic Information	N/A
Initial assessment: Age, co-enrollment, Screening Behavioral Eligibility	Eligibility Assessment	Confirmation: Co-enrollment, Enrollment Behavioral Eligibility
N/A	Study Arm Randomization	Via Medidata; after final eligibility sign-off
For Enrollment; within 45-days	Next Visit Schedule	Visit 3/ Day 1 (next day)
Per site SOP	Reimbursement Provision	Per Site SOP

Informed Consent

MTN-038 Informed Consent (IC) Coversheet

COMPLETE BEFORE IC DISCUSSION

PTID/Name		**IC Discussion Date (MM/DD/YY)**	
ICF Version Number		Date of Approved ICF	
Is the person of legal age to provide independent informed consent for research?		☐ Yes ☐ No ⇒STOP. Participant is not eligible for MTN-038.	
Can the person read and understand English?		☐ Yes ☐ No ⇒STOP. Participant is not eligible for MTN-038.	
Start time (HH:MIN) of IC process/discussion			

COMPLETE AFTER IC DISCUSSION

Was all information required to make an informed decision provided in a language that was understandable?	☐ Yes ☐ No → Explain in Notes/Comments below
Were all questions answered?	☐ N/A (Participant had no questions.) ☐ Yes ☐ No → Explain in Notes/Comments below
Was comprehension assessed and did the participant demonstrate understanding of all information required to make an informed decision was provided?	☐ Yes ☐ No → Explain in Notes/Comments below
Was the participant given adequate time/opportunity to consider all options in a setting free of coercion and undue influence before making an informed decision?	☐ Yes ☐ No → Explain in Notes/Comments below
Did the participant choose to provide written informed consent?	☐ Yes ☐ No
Was a copy of the consent form offered to and accepted by the participant?	☐ N/A (Participant chose not to provide informed consent.) ☐ Yes ☐ No → Offer alternative form of study contact information to participant.
End time (HH:MIN) of IC process/discussion	
"No study visit procedures took place prior to obtaining informed consent"	☐ Initials of staff person obtaining consent_____
Notes/Comments:	
Study staff person completing informed consent process/discussion (and this coversheet):	

Complete 1st part of coversheet

Read ICF

Assess Comprehension

Complete 2nd part of Coversheet

MTN-038 Informed Consent Comprehension Assessment (TRUE/FALSE)

PTID		DATE	

No.	Question	True	False
1	If you decide to join this research study, you will be in the study for about 13 weeks.	❒	❒
2	The primary purpose of this study is to test how effective a vaginal ring with the	❒	❒

MTN-038 Informed Consent Comprehension Assessment (OPEN ENDED)

PTID		DATE		Staff Signature		Staff Date	

Open-Ended Question/Statement		Required Points of Comprehension	Assessed (✓)	Comments (Enter code or notes)
1	**Please tell me your understanding of the purpose of the study.**	Testing how study drug (Tenofovir) enters and exits the body and testing safety of ring as compared to a placebo.		
2	**Tell me what you understand about the three different groups in the study.**	Women will be randomly assigned to their group and cannot choose which one they are in.		
		One group will receive a VR with the study drug and the other group will receive a VR with no study drug (placebo); both to wear continuously for 13 weeks.		
3	**What are participants being asked to do in this study?**	Wear one of two rings for a total of 13 weeks.		
		Have physical and pelvic exams and cervical biopsies. Provide blood, vaginal fluid, rectal fluid, and urine for testing.		
		Agree not to put anything in the vagina for the duration of the study. Agree to abstain from receptive vaginal sexual practices and tampon use for certain times periods prior to study visits.		
		Use an effective contraceptive method for the duration		
4	**What are the possible risks for participants in the study?**	Pain or discomfort in genital area or other side effects, discomfort from exams or blood draws *(must mention at least one)*		
		Embarrassment and anxiety about discussions and tests		
5	**What will happen if you decide not to join the study?**	Free to make her own decision about joining the study		
		No change to her access to health care whether she joins the study or not		
6	**How will information about participants in the study be protected?**	Information about participants is confidential, private, and locked away		
		Only people working on the study have access to participant information		
7	**What are the possible benefits for participants in the study?**	Counseling, medical exams, tests, clinical care *(must mention at least one)*		
8	**What should you do if you have questions about your health or the study?**	*Must state how to contact study staff*		

Screening and Enrollment Log

MTN-038 **Screening and Enrollment Log**

If you are creating a new entry, complete the first three columns and initial and date in the fourth column. When enrollment or screen fail status is determined, complete the remaining columns and initial and date in the last column. Include all codes for screen failure/discontinuation that apply.

Screening Date	Screening Attempt	PTID	Staff Initials/Date	Enrollment Date (or N/A if not enrolled)	Screen Failure Date (or N/A if enrolled)	Screening Failure/ Discontinuation Codes (or N/A if enrolled)	Staff Initials/Date

Screening Failure/Discontinuation Codes

I-1	Not assigned female sex at birth	I-8	Not willing to use condoms during intercourse for study	I-15	Not willing to refrain from other studies	E-5c	Injection drug use w/in 12 months	E-7b	Hemoglobin Grade 1 or higher
I-2	Under age 18 or older than age 45	I-9	No effective contraceptive	E-1	Pregnant/ plans to become pregnant	E-5d	Pregnancy outcome w/in 90 days	E-7c	Calculated CrCl less than 60 mL/min
I-3	No informed consent	I-10	Not in general good health (IpR/designee)	E-2	Diagnosed symptomatic UTI/RTI	E-5e	Gyno/genital procedure w/in 45 days	E-7d	Positive Hepatitis B surface antigen result
I-4	Inadequate locator	I-11	HIV infected	E-3	Diagnosed with acute STI	E-5f	Breastfeeding/ plans to breastfeed	E-8	Any other condition (IpR/designee)
I-5	Not proficient in English	I-12	Irregular menses	E-4	Pelvic finding Grade 2 or higher	E-5g	Participation in drug/device/ vaginal product/vaccine trial w/in 30 days	N-1	Other – Declines enrollment
I-6	Not available for all visits/not willing to comply with study	I-13	Not willing to refrain from non-study vaginal products	E-5a	Known study product adverse reaction	E-6	Use of PrEP or PEP w/in 3 month /unwilling to not use PrEP in study	N-2	Other – No enrollment visit within 45-day window
I-7	Not willing to follow abstinence requirements prior/after visits	I-14	Inadequate/ Unsatisfactory Pap documentation for past 3 yrs	E-5b	Chronic/recurrent vaginal candidiasis	E-7a	AST/ALT Grade 1 or higher	N-3	Other:

- Only complete if ppt provides IC
- Completed immediately after IC completion at Screening and updated after eligibility determination at Enrollment
- One entry for each screening attempt (note if 1st or 2nd screening attempt)
- Fill out all codes that apply

Screening and Enrollment Behavioral Eligibility

MTN-038 Screening Behavioral Eligibility Worksheet

PTID		VISIT DATE (DD/MM/YY)		VISIT CODE		Staff Initials & Date	

To confirm eligibility for the study, ask the participant the following questions and mark her responses accordingly.

1.	Were you assigned female sex at birth?	Yes ☐	No ☐
2.	Are you able to speak, read and write proficiently in English?	Yes ☐	No ☐
3.	Are you available for all visits and willing and able to comply with all study procedural requirements?	Yes ☐	No ☐
4.	Are you willing to comply with the abstinence and other protocol requirements as explained to you during the informed consent process?	Yes ☐	No ☐
5.	Are you willing to use male condoms for penile-vaginal intercourse and penile-rectal intercourse for the duration of study participation?	Yes ☐	No ☐
6.	If you were to join this research study, would you be willing to use an effective form of contraception for 30 days prior to enrollment and for the duration of the study (about 13 weeks)? Effective methods include: hormonal methods (except contraceptive ring), intrauterine device (IUD), sterilization (you or your partner), having sex exclusively with individuals assigned female sex at birth for 30 days prior to your Enrollment visit; or abstinence from penile-vaginal intercourse for 90 days prior to Enrollment.	Yes ☐	No ☐
7.	Do you have regular menstrual cycles with at least 21 days between menses?	Yes ☐	No ☐
8.	Are you willing to refrain from inserting any non-study vaginal products or objects into your vagina or rectum including, but not limited to spermicides, female condoms, diaphragms, intravaginal rings, vaginal or rectal medications, menstrual cups, cervical caps, douches, lubricants, and sex toys (vibrators, dildos, etc.) for the 24 hours preceding your Enrollment Visit and for the duration of study participation?	Yes ☐	No ☐
9.	Do you agree not to take part in any other research studies involving drugs, medical devices, vaginal or rectal products, or vaccines after this Screening visit and for the duration of your study participation?	Yes ☐	No ☐
10.	Are you willing to abstain from using pre-exposure prophylaxis (PrEP) (Truvada®) for HIV prevention for the during your study participation?	Yes ☐	No ☐
11.	In the past 3 months, have you used PrEP for HIV prevention or post-exposure prophylaxis (PEP) for HIV exposure?	Yes** ☐	No ☐
12.	Are you pregnant or do you plan to become pregnant during your study participation?	Yes ☐	No ☐
13.	Have you ever had an adverse or bad reaction to any of the study products, including polyurethane?	Yes ☐	No ☐
14.	Do you have chronic and/or recurrent vaginal candidiasis?	Yes ☐	No ☐
15.	In the past 12 months, have you used a needle to inject drugs that were not prescribed to you by a medical professional?	Yes** ☐	No ☐
16.	Have you been pregnant within the last 90 days (3 months)?	Yes** ☐	No ☐

Screening Behavioral Eligibility Worksheet

MTN-038 Enrollment Behavioral Eligibility Worksheet

PTID		VISIT DATE (DD/MM/YY)		VISIT CODE		Staff Initials & Date	

To confirm eligibility for the study, ask the participant the following questions and mark her responses accordingly.

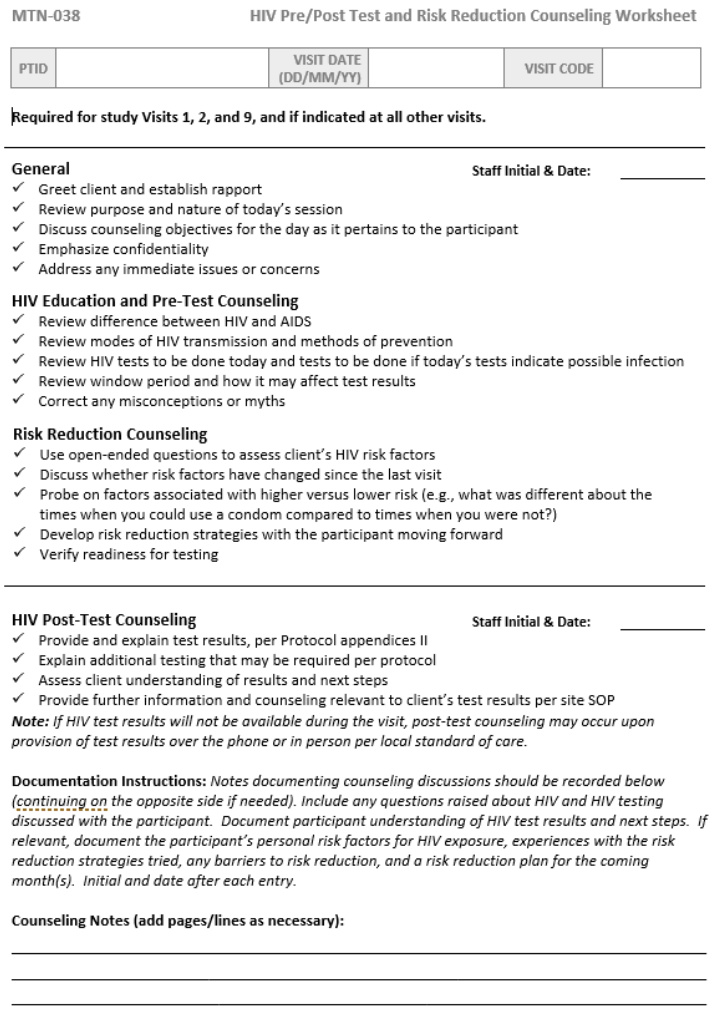
1.	Are you available for all visits and willing and able to comply with all study procedural requirements?	Yes ☐	No ☐
2.	Are you willing to comply with the abstinence and other protocol requirements?	Yes ☐	No ☐
3.	Are you willing to use male condoms for penile-vaginal intercourse and penile-rectal intercourse for the duration of study participation?	Yes ☐	No ☐
4.	Have you used one of the following contraceptive methods for the past 30 days: hormonal methods (except contraceptive ring), intrauterine device (IUD), sterilization (you or your partner), having sex exclusively with individuals assigned female at birth for the past 30 days; or abstinence from penile-vaginal intercourse for the past 90 days? AND Are you also willing to continue use of the same method for the duration of the study, which is expected to be 13 weeks (about 3 and a half months)?	Yes ☐	No ☐
5.	Have you refrained from inserting any non-study vaginal products or objects into the vagina or rectum including, but not limited to spermicides, female condoms, diaphragms, intravaginal rings, vaginal or rectal medications, menstrual cups, cervical caps, douches, lubricants, and sex toys (vibrators, dildos, etc.) for the 24 hours preceding this visit? AND Are you willing to continue refraining from these activities for the duration of your study participation?	Yes ☐	No ☐
6.	Do you agree not to take part in any other research studies involving drugs, medical devices, vaginal or rectal products, or vaccines for the duration of your study participation AND can you confirm that you have not participated in any of these research activities in the last 60 days?	Yes ☐	No ☐
7.	Are you willing to abstain from using pre-exposure prophylaxis (PrEP) (Truvada®) for HIV prevention for the during your study participation?	Yes ☐	No ☐
8.	In the past 3 months, have you used PrEP for HIV prevention or post-exposure prophylaxis (PEP) for HIV exposure?	Yes ☐	No ☐
9.	Are you pregnant or planning to become pregnant during your study participation?	Yes ☐	No ☐
10.	In the past 12 months, have you used a needle to inject drugs that were not prescribed to you by a medical professional?	Yes ☐	No ☐
11.	Have you been pregnant within the last 90 days (3 months)?	Yes ☐	No ☐
12.	Have you had a gynecologic or genital procedure (e.g., tubal ligation, dilation and curettage,	Yes ☐	No ☐

Enrollment Behavioral Eligibility Worksheet

COUNSELING AND BEHAVIORAL PROCEDURES

Screening Visit	Procedure	Enrollment Visit
	Behavioral Assessment	Baseline CASI (before HIV and pregnancy testing); Select for IDI (after study arm randomization)
HIV Pre-Test STI Risk Reduction HIV Post-Test	HIV/STI Counseling	HIV Pre-Test STI Risk Reduction HIV Post-Test
Contraceptive Component only	Protocol Adherence Counseling	Protocol Adherence, Contraceptive, and Product Use components
Offer, if indicated	Male Condoms	Offer, if indicated

Counseling Considerations



MTN-038 HIV Pre/Post Test and Risk Reduction Counseling Worksheet

PTID		VISIT DATE (DD/MM/YY)		VISIT CODE	

Required for study Visits 1, 2, and 9, and if indicated at all other visits.

General **Staff Initial & Date:** _____

- ✓ Greet client and establish rapport
- ✓ Review purpose and nature of today's session
- ✓ Discuss counseling objectives for the day as it pertains to the participant
- ✓ Emphasize confidentiality
- ✓ Address any immediate issues or concerns

HIV Education and Pre-Test Counseling

- ✓ Review difference between HIV and AIDS
- ✓ Review modes of HIV transmission and methods of prevention
- ✓ Review HIV tests to be done today and tests to be done if today's tests indicate possible infection
- ✓ Review window period and how it may affect test results
- ✓ Correct any misconceptions or myths

Risk Reduction Counseling

- ✓ Use open-ended questions to assess client's HIV risk factors
- ✓ Discuss whether risk factors have changed since the last visit
- ✓ Probe on factors associated with higher versus lower risk (e.g., what was different about the times when you could use a condom compared to times when you were not?)
- ✓ Develop risk reduction strategies with the participant moving forward
- ✓ Verify readiness for testing

HIV Post-Test Counseling **Staff Initial & Date:** _____

- ✓ Provide and explain test results, per Protocol appendices II
- ✓ Explain additional testing that may be required per protocol
- ✓ Assess client understanding of results and next steps
- ✓ Provide further information and counseling relevant to client's test results per site SOP

Note: *If HIV test results will not be available during the visit, post-test counseling may occur upon provision of test results over the phone or in person per local standard of care.*

Documentation Instructions: *Notes documenting counseling discussions should be recorded below (continuing on the opposite side if needed). Include any questions raised about HIV and HIV testing discussed with the participant. Document participant understanding of HIV test results and next steps. If relevant, document the participant's personal risk factors for HIV exposure, experiences with the risk reduction strategies tried, any barriers to risk reduction, and a risk reduction plan for the coming month(s). Initial and date after each entry.*

Counseling Notes (add pages/lines as necessary):

_____

_____

_____

HIV Pre- and Post-Test and STI Risk Reduction Counseling

- Prior to HIV testing: provide HIV pre-test and STI risk reduction Counseling
- Refer to SSP Table 11-1 for HIV Test interpretation guidance
- If HIV test results will not be available during the visit, post-test counseling may occur upon provision of test results over the phone or in person as part of a split visit or at an interim visit, if indicated per local standard of care.
- Document on Counseling Worksheet or in chart notes. Initial and date each entry.

Counseling Considerations

MTN-036/ IPM 047 **Protocol Counseling Worksheet**

PTID		Visit Code		Staff Initial & Date	

Use this worksheet to guide and document protocol adherence counseling, which encompasses protocol adherence, product use, and contraceptive counseling. Contraceptive counseling should begin at the screening visit, and protocol adherence and product use counseling should begin at the enrollment visit.

For all follow-up visits (V2-11), all three components of protocol counseling must be provided and documented, but may be abbreviated and content tailored to participant needs. Staff should review the participant's Protocol Counseling Worksheet from the previous visit to determine the level of counseling needed and issues to revisit.

Protocol Adherence and Product Use Counseling

☐ N/A (Protocol Adherence/Product Use Counseling not required at Screening Visit)

At enrollment, thoroughly review the Study Adherence Guidelines sheet and the Vaginal Ring Insertion Instructions/Important Information sheet with the participant and give her a copy to reference at home.

At enrollment and all follow-up visits, ask the participant if she has any questions and review any medications, non-study products, and practices that the participant should refrain from before the next visit. Offer copies of the Study Adherence Guidelines at each visit.

☐ Study Adherence Guidelines reviewed and discussed
☐ Vaginal Ring Insertion Instructions/Important Information sheet reviewed and discussed

Any protocol adherence issues/questions/concerns discussed at this visit?
☐ None reported
☐ Yes. Describe discussion, indicated counseling provided, and note issues to follow-up at next visit:

_____
_____
_____

PTID		Visit Code		Staff Initial & Date	

Contraceptive Counseling

At screening, review protocol contraception requirements as well as the participant's current contraceptive method(s) and/or preferences, and any questions she may have.

At enrollment and all follow-up visits, ask the participant if she has any questions or concerns, confirm current contraceptive method(s), and ensure participant has adequate contraceptive coverage until her next visit.

Current contraceptive method: _____

Is this a change from the previous visit?
☐ N/A (Screening visit)
☐ No
☐ Yes. Explain change:

_____
_____
_____

Status of next contraceptive prescription:
☐ N/A
☐ Prescription refill/renewal or injection needed by _____ (Date).

Any contraceptive information/issues/questions/ concerns discussed at this visit?
☐ No
☐ Yes. Describe discussion, indicated counseling provided, and note issues to follow-up at next visit:

_____
_____

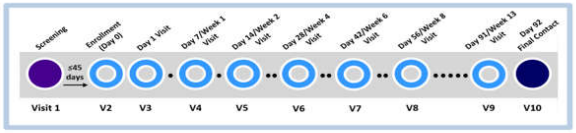
Protocol Counseling Worksheet: Protocol Adherence, Product Use, and Contraceptive Counseling

Counseling Considerations

MTN-038 Study Adherence Guidelines

Following all study instructions and requirements is important to ensure your safety as a participant and the validity of the study. Please review this document carefully and keep available for reference at home.

✓ **Attend all Study Visits as Scheduled**
It is important for you to come to every study visit. If you cannot come to the visit, please tell the study staff as soon as possible so that the visit can be rescheduled.



✓ **Use an effective contraceptive method**
You must use an effective contraceptive method for the entire duration of the study. Effective methods include sterilization (yourself or your partner), hormonal methods (expect contraceptive rings), IUDs, and abstinence from penile-vaginal intercourse.

✓ **Adhere to vaginal ring use instructions**
Be aware of the instructions for inserting, wearing, and removing the vaginal ring provided by the study staff.

✓ **Refrain from certain activities from during specified periods of time, as follows:**

Duration of study participation

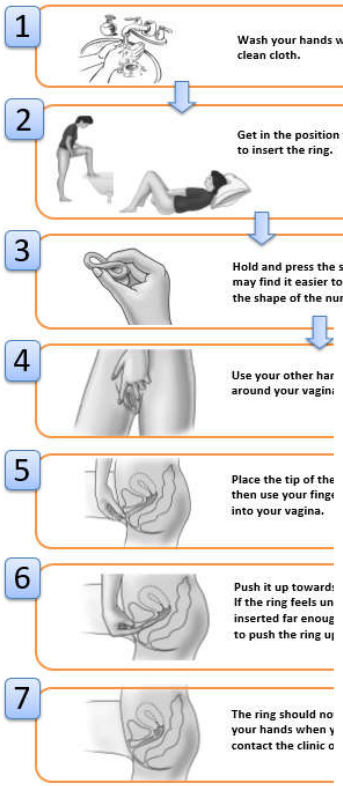
- Inserting any non-study vaginal products or objects into your vagina or rectum, including:
  - Sex toys (dildos, vibrators, etc.)
  - Female condoms
  - Diaphragms
  - Spermicides
  - Lubricants
  - Contraceptive vaginal rings
  - Menstrual cups
  - Cervical caps or any other vaginal barrier method
  - Douches
  - Vaginal or rectal medications
  - Vaginal moisturizers
- Taking specific medications*, such as
  - Anticoagulants or blood thinners (such as heparin, Lovenox®, warfarin, Plavix® [clopidogrel bisulfate)
  - Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)

72 hours before each clinic visit	Additionally, 72 hours before and after each biopsy collection visit
• Engaging in ○ Receptive anal practices including: ▪ Penile-anal intercourse ○ Receptive vaginal practices including: ▪ Penile-vaginal intercourse ▪ Receptive oral intercourse	• Taking Aspirin (greater than 81 mg) • Receptive vaginal and anal sexual practices (see column to left for specific examples)

Protocol Adherence Support documents:

- **Study Adherence Guidelines**
- **VR Use Instructions**

VAGINAL RING INSERTION INSTRUCTIONS



MTN-036/IPM 047
Version 1.0

VAGINAL RING IMPORTANT INFORMATION

Leave ring inserted, all day, every day: The ring should be kept inserted at all times, including bathing.

If the ring falls or is taken out:

Somewhere clean: Try to reinsert the ring as soon as possible. If you cannot reinsert it right away, place the ring in the bag provided to you. Before you reinsert, rinse the ring in clean water (no soap permitted) and follow the insertion instructions on the other side.

Somewhere dirty (such as the toilet or the ground): Do NOT reinsert the ring. Instead, place it in the bag provided to you and contact the clinic as soon as possible (do not rinse before putting it in the bag).

Avoid and Abstain: Certain vaginal products, devices, and practices are prohibited during all of study participation or at specific time points before and after clinic visits. See the Study Adherence Guidelines handout for detailed information on this topic.

Do not Share: Insert only the ring assigned to you and do not share your ring with other women.

CLINICAL/ PRODUCT PROCEDURES

Screening Visit	Procedure	Enrollment Visit
Collect baseline medical/ menstrual/ Medications Hx	Medical History Review	Review/update baseline medical/ menstrual/ medications Hx
Full	Physical Exam	Targeted
Full exam	Pelvic Exam	Full Exam
Lab and exam findings for initial eligibility	Review findings	Lab and exam findings for eligibility confirmation
If indicated	Referrals/Rx for UTIs/RTIs/STIs	If indicated
Per site SOP (at visit or when available)	Provision of Available Results	Per site SOP (at visit or when available)
N/A	Study Product	Initial VR provision, digital placement check

Baseline Medical History Review

MTN-038 Baseline Medical History Guide

Instructions: Assess the participant's baseline medical history using this guide. If the participant has any condition that is grade 1 or higher, or if determined relevant by the clinician, document on the **Medical History Log CRF** including the description, onset/outcome date(s), and severity grade. Add any associated medications the participant is currently taking on the **Concomitant Medications Log CRF.**

General Medical History

- Does the participant have any health problems?
- Has the participant ever been hospitalized for any reason other than giving birth?
- Has the participant ever had surgery, including a hysterectomy?
- In the past year, has the participant been to the emergency room?
- Has the participant had any medical or health problems in the past year?
- Has the participant had a gynecologic or genital procedure (tubal ligation, dilation and curettage, piercing) in the last 45 days?

Body System Medical History

Assess any significant medical problems involving the following organ/systems.

- Head, Eyes, Ears, Nose and Throat (HEENT)
- Gastrointestinal (GI)
- Lymphatic
- Cardiovascular
- Liver
- Respiratory
- Renal
- Musculoskeletal
- OB/GYN (genital bleeding not associated with menses or childbirth, uterine fibroids, abnormal PAP, genital infection, hysterectomy e.g. uterus, at least one ovary)
- Breast
- Skin
- Neurologic
- Endocrine/Metabolic
- Hematologic
- Cancer
- Allergies
- Mental Illness
- Alcohol / Recreational Drug Use
- STI/RTI (HPV, HSV, GC/CT, Syphilis, Trichomoniasis, Candidiasis, PID)
- Any other health issues

Female Symptoms/Diagnoses

Assess experiences of any significant medical problems involving the following organ system/disease.

- Pelvic inflammatory disease
- Genital/vaginal warts
- Abnormal pap smear

In the past 3 months ask if the participant has experienced any of the following genital symptoms.

- Genital/vaginal burning
- Genital/vaginal itching
- Genital/vaginal pain during sex
- Genital/vaginal burning
- Genital/vaginal itching
- Genital/vaginal pain during sex
- Post-coital bleeding (bleeding after sex)
- Genital/vaginal pain not during sex
- Abnormal genital/vaginal discharge
- Unusual genital/vaginal odor
- Dysuria

Assess menstruation patterns. Document in chart notes or other site-specific form and, as applicable, on the **Medical History CRF.**

- First and last day of last menstrual period
- Any additional details as needed to describe the participant's baseline menstrual bleeding pattern

NOTE: For the purposes of scheduling enrollment visit (if otherwise eligible), discuss when the participant anticipates her next menses to start/end, as applicable. Ideally, no bleeding should occur within the first 7 days of product use, e.g., Study Visits 2-4 (Days 0, 1, and 7).

Baseline Medical History Guide

- Use guide for assessing baseline medical and menstrual history; document on:

Chart Notes
Medical History
Concomitant Medications Log

Document dates of LMP in **Chart notes or Visit Checklists**

LABORATORY ASSESSMENTS

Screening Visit	Procedure	Enrollment Visit
HIV 1/2 AST/ALT Creatinine clearance CBC with differentials/ platelets Hep B surface antigen Syphilis serology	**Blood**	HIV 1/2 Plasma for archive HSV 1/2 serology *CBC with differentials/ platelets** Creat*inine clearance**
Pregnancy *Dipstick UA, Urine Culture**	**Urine**	Pregnancy *Dipstick UA, Urine Culture**
NAAT for GC/CT and trichomonas *Pap Test^* *Wet prep/KOH wet mounts**	**Pelvic**	Vaginal swabs for microbiota Vaginal gram stain CVF for anti-HSV-2 and biomarkers CVL for PD and biomarkers (prior to insertion) CVF for TFV(1 & 4 hrs-post ring insertion) *Wet prep/KOH wet mounts** *NAAT for GC/CT and trichomonas**

ELIGIBILITY DETERMINATION

MTN-038 Eligibility Checklist

PTID | Staff Initials & Date

Instructions: *Starting at the enrollment visit, use the table below to document a participant's eligibility status for participation by marking "yes" or "no." If ineligibility status is determined, any items not yet completed may be left blank. For an eligible participant, the checklist must be completed for all items and have staff sign-off at the end of the form to confirm and verify eligibility. Complete the Inclusion/Exclusion Criteria CRF for all screened participants once a participant's eligibility/enrollment status is determined.*

Note: The study eligibility criteria are abbreviated in this checklist; refer to Protocol Sections 5.2 and 5.3 for a complete description of the criteria.

	INCLUSION CRITERIA	*Yes*	*No*
I-1	Assigned female sex at birth ▪ *Source: Screening Behavioral Eligibility Worksheet item 1*		
I-2	Age 18 through 45 years (inclusive) at Screening ▪ *Source: copy of ID card/driver's license or other documents as specified in SOP*		
I-3	Able and willing to provide written informed consent ▪ *Source: Signed consent forms(s)*		
I-4	Able and willing to provide adequate locator information ▪ *Source: Site specific locator form as listed in site SOP*		
I-5	Able to communicate in spoken and written English ▪ *Source: Screening Behavioral Eligibility Worksheet item 2*		
I-6	Available for all visits and able to comply with all study procedural requirements ▪ *Source: Screening Behavioral Eligibility Worksheet item 3; Enrollment Behavioral Eligibility Worksheet item 1*		
I-7	Willing to follow abstinence requirements and other protocol requirements as outlined in Sections 6.6 and 6.7 ▪ *Source: Screening Behavioral Eligibility Worksheet item 4; Enrollment Behavioral Eligibility Worksheet item 2*		
I-8	Willing to use male condoms for penile-vaginal intercourse and penile-rectal intercourse for the duration of study participation ▪ *Source: Screening Behavioral Eligibility Worksheet item 5; Enrollment Behavioral Eligibility Worksheet item 3*		
I-9	Reports using an effective contraception method (as defined in the MTN-038 Protocol) for 30 days prior to Enrollment, and intending to continue use for the duration of study participation. ▪ *Source: Screening Behavioral Eligibility Worksheet item 6; Enrollment Behavioral Eligibility Worksheet item 4*		
I-10	In general good health as determined by IoR/designee ▪ *Source: Medical History Log CRF; Pelvic Exam Diagram; Pelvic Exam CRF; chart notes at Screening and Enrollment*		
I-11	HIV uninfected ▪ *Source: Local testing log, laboratory test results report or other sites-specific document at Screening and Enrollment*		
I-12	Reports having regular menstrual cycles at screening with at least 21 days between menses		

MTN-038 Eligibility Checklist

PTID | Staff Initials & Date

For the participant to be eligible, all responses to Inclusion Criteria (items I1-I15) above must be "Yes" and responses to Exclusion Criteria (items E1-E8) above must be "No."

Final Sign-off of Participant Eligibility to Enroll:

Once a participant is deemed eligible to enroll in MTN-038, complete signatures below to confirm and verify final determination of eligibility. Only staff delegated the responsibility of primary eligibility determination per site DoA may sign for Eligibility Confirmation; only staff delegated the responsibility of secondary/verification of eligibility may sign for Eligibility Verification.

ELIGBILITY CONFIRMATION

Staff Signature: _____

Date: ___ ___ / ___ ___ ___/ ___ ___

Time: ___ ___: ___ ___

ELIGBILITY VERIFICATION

IoR (or designee) Signature: _____

Date: ___ ___ / ___ ___ ___/ ___ ___

Time: ___ ___: ___ ___

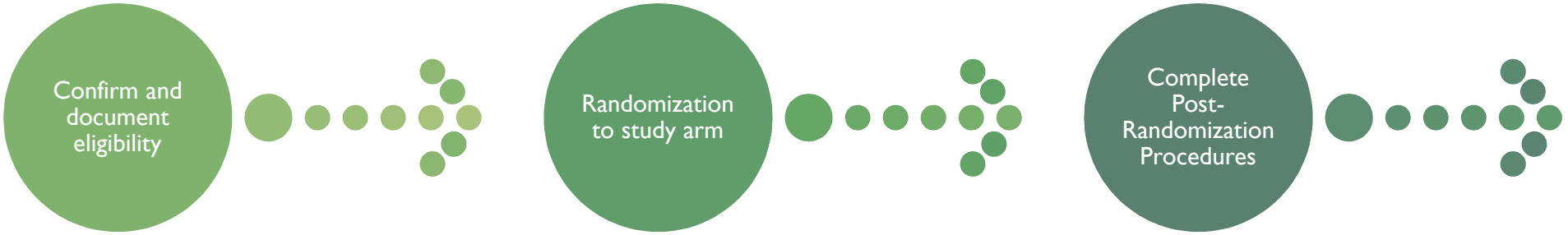
Eligibility Criteria Checklist

- Guide for inclusion/exclusion criteria and source documentation
- Start at Enrollment Visit and complete only if participant is eligible.
- Required before enrollment for eligible participants (2 sign-off signatures)
- At any point the participant is deemed ineligible at Enrollment, no need to continue completing

REQUIRED DOCUMENTATION FOR SCREEN FAILURES

- Completed ICF
- All source documentation complete up until the time that ineligibility was determined indicating what procedures were or were not completed and/or screen failure reasons and date of ineligibility determination noted.
- Visit Checklist
- Chart notes
- Completed Screening and Enrollment Log
- Completed Inclusion/Exclusion Criteria CRF with screen failure reason(s) noted
- Necessary referrals on file (as appropriate) and documentation that any clinically significant abnormalities (labs, etc.) were communicated to the participant (even if referral is not necessary)

PARTICIPANT ENROLLMENT



Post-Randomization Procedures

- IDI randomization/selection
- VR Request/Retrieval from pharmacy
- Ring insertion and placement check
- Specimen collection for TFV level testing (CVF only)
- Schedule visit for next day(generate visit calendar)
- Provide reimbursement, study staff contact information, etc.
- Update Screening and Enrollment Log

QUESTIONS? COMMENTS?