

DRAFT MTN-003 PRESCRIPTION

Instructions: All entries must be made in blue or black ink. Press firmly when completing this form. Corrections may be made by drawing a single line through incorrect entries, recording correct information, and initialing and dating the correction.

CRS Name:	Pre-print	DAIDS Site ID:	Pre-print
CRS Location:	Pre-print	Clinic Randomization Envelope #:	Pre-print

Participant ID: - -

Did participant provide written informed consent for enrollment into MTN-003? *yes* *no* Clinic Staff Initials: _____

Assignment: Vaginal Gel

MTN-003 Study Gel (Tenofovir 1% Gel or Placebo)

Sig: Insert entire contents of 1 applicator vaginally once each day as directed.

Quantity: Sufficient to last until next study visit (as requested by designated clinic staff). May be refilled as needed (as requested by designated clinic staff) for duration of participation in the study.

Authorized Prescriber Name (please print): _____

Authorized Prescriber Signature: _____

Date: - -

dd MMM yy

Clinic Staff Instruction: Complete all items in this box. After signing and dating, deliver white original to pharmacy. File yellow copy in participant study notebook.

Pharmacy: Dispense cartons of study gel ([10/15] applicators/carton) to participant as directed in protocol.

Clinic Staff Initials: _____ Date clinic envelope opened: - -

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