

Section 4. Participant Accrual and Enrollment

This section provides information on the requirements and procedures for recruiting, screening, and enrolling participants in MTN-011.

4.1 Study Accrual Plan

MTN-011 will enroll approximately 40 couples at two sites who will self-select to enroll into one of two groups:

- Group 1 will enroll approximately 20 evaluable couples who will use a single dose of 1% Tenofovir gel at three different times over 8 weeks: 1 hour prior to coitus, 24 hours prior to coitus and with a BAT regimen of 1 hour prior to coitus and 1 hour after coitus. There will also be two visits where gel is administered and samples are taken without coitus.
- Group 2 will enroll approximately 20 evaluable couples who will use 7 daily doses of 1% Tenofovir gel prior to coitus at two different times over 14 weeks: the dosing will end 1 hour before one coitus/sampling visit and 72 hours before the other coitus/sampling visit. There will also be two visits where gel is administered and samples are taken without coitus.

Participants may select which group they would like to enroll into until either Group 1 or Group 2 has all the needed evaluable participants. After that point, participants will only be offered enrollment into the remaining group.

For each site, accrual will begin after the MTN Coordinating and Operations Center (CORE) at FHI 360 issues a written site-specific, study activation notice. Once the study is initiated, accrual will be closely monitored. On a weekly basis, the site will report to CORE (FHI 360) the number of couples:

- **Screened** (defined as signing the screening & enrollment informed consent)
- **Screened out**, including reason for screen failure
- **Pending enrollment** (those who have completed screening visit and are eligible thus far, but have yet to enroll)
- **Enrolled** (defined as completion and final sign-off of the eligibility checklist)
- **Evaluable** (see definition below)

It is essential that participants understand the requirements for study participation fully in order to complete all study procedures and be considered an evaluable couple.

As specified in Protocol Section 10.5, an evaluable couple is defined as completing the following procedures (and obtaining data from the samples) at ALL visits listed in the table below:

Study Procedure	Group 1	Group 2
Completed Coitus* at Each Gel/Sex Visit	Visit 3b, 5b, 7b	Visit 3b, 7b
Cervicovaginal lavage (CVL) collected	Visit 3b, 4b, 5b, 6b, 7b	Visit 3b, 5, 7b, 9

Tissue biopsies (vaginal) collected	Visit 3b, 4b, 5b, 6b, 7b	Visit 3b, 5, 7b, 9
Gel has been used daily at least 5 of the 7 days prior to study visits	N/A	Visit 3a, 5, 7a

*Defined as male partner ejaculation into female partner's vagina

Note: Although a couple may have a non-evaluable visit, they will not necessarily be terminated from the study as they may provide evaluable data at some of their other visits.

CORE (FHI 360) will then distribute a routine, consolidated, cross-site accrual report to the Protocol Team. The MTN Statistical and Data Management Center (SDMC) will post reports on the ATLAS portal listing the number of couples enrolled in the study based on data received and entered into the study database. Please see Section 14 of this manual for more information on the study reporting plan.

Study staff are responsible for establishing study-specific SOPs for participant accrual and updating these plans and recruitment efforts undertaken to meet site-specific accrual goals, if needed. Accrual SOPs should minimally contain the following elements:

- Site-specific accrual targets
- Methods for tracking actual accrual versus target accrual
- Expected screening to enrollment ratios
- Recruitment methods and venues
- Methods for identifying the recruitment source of participants who present to the site for screening
- Methods for evaluation of the utility and yield of recruitment methods/venues
- Pre-screening procedures (if any)
- Ethical and human subjects considerations
- Staff responsibilities for all of the above (direct and supervisory)
- QA/QC procedures (if not specified elsewhere)

4.2 Pre-Screening Procedures

It is strongly encouraged that sites implement pre-screening procedures for MTN-011. During pre-screening, staff may explain MTN-011 to potential study couples and ascertain elements of presumptive eligibility, to be confirmed at an on-site screening visit. Process information (e.g., number of potential participants contacted, number presumptively eligible) may be recorded and stored at the study site in the absence of written informed consent from potential participants, provided the information is collected in such a manner that it cannot be linked to participant identifiers.

SCHARP-provided PTIDs should not be assigned until after participants provide informed consent for screening and enrollment. As such, sites may need to assign different prescreening IDs to maintain confidentiality. At each site, procedures and documentation will comply with local IRB requirements.

It is recommended that prescreening cover behavioral and basic demographic eligibility criteria, such as (but not limited to):

- Age

- Monogamy
- Non-use of barrier methods during normal sexual routine
- Willingness to comply with protocol requirements (e.g. coitus at hotel near clinic and schedule of visits)
- STI and drug use history

Additionally, for women:

- Current contraceptive use, and intention to continue use
- Regular menses, or amenorrhea due to progestin-only method of contraception
- Recent or current pregnancy, current breastfeeding, or pregnancy intentions

Participants found to be presumptively eligible may also be provided the Screening and Enrollment Informed Consent Form (ICFs) for Group 1 and Group 2 for review prior to their screening visit as part of the pre-screening procedures. Providing both the Group 1 and Group 2 ICFs will also help the participants decide which group they are interested in joining at the screening visit.

4.3 Screening and Enrollment

Study screening and enrollment procedures are specified in the MTN-011 protocol sections 7.2 and 7.3. Sample Visit Checklists are available on the MTN-011 Study Implementation Materials webpage. Key screening and enrollment topics are addressed below.

4.3.1 Eligibility Criteria

The term “screening” refers to all procedures performed to determine whether a potential couple is eligible to take part in MTN-011. The study eligibility criteria are listed in protocol Sections 5.2 and 5.3. All eligibility criteria are initially assessed at the Screening Visit (Visit 1), and are reconfirmed on the day of Enrollment (Visit 2). Both partners must be determined eligible for the couple to enroll.

4.3.2 Eligibility Determination SOP

It is the responsibility of the MTN-011 Investigator of Record (IoR) to ensure that only participants who meet the study eligibility criteria are enrolled in the study. Each site must establish a standard operating procedure (SOP) that describes how the IoR, and designated study staff, will fulfill this responsibility. This SOP minimally should contain the following elements:

- Eligibility determination procedures, including:
 - During-visit eligibility assessment procedures
 - Post-visit eligibility assessment and confirmation procedures
 - Final confirmation and sign-off procedures prior to enrollment
 - Documentation
- Ethical and human subjects considerations
- Staff responsibilities for all of the above (direct and supervisory)
- QA/QC procedures (if not specified elsewhere)

Should site staff identify that an ineligible participant has inadvertently been enrolled in MTN-011, the IoR or designee should contact the MTN-011 management alias list (mtn011mgmt@mtnstopshiv.org) immediately for guidance on subsequent action to be taken.

4.3.3 Screening Procedures

Couples may attend their screening visit(s) together or separately. If necessary, multiple visits for either females or male may be conducted to complete all screening procedures as long as they are within the 30-day screening window.

- Informed consent for screening and enrollment must be obtained prior to any screening procedures. Please see section 4.4 for additional information on Informed Consent.
- Group 1 Screening Visit procedures are detailed in Protocol Table 6. Group 2 Screening Visit procedures are detailed in Protocol Table 11.
- Locator information will be collected initially during the screening visit, and updated at all visits throughout the study. Staff should confirm adequate locator information is provided as defined in their site-specific SOP for retention.
- Eligibility criteria which are based on self-report should be documented on the non-datafax Eligibility Checklist (separate checklists available for women and men).
- Clinical screening procedures are described in detail in Section 8 of this manual.
- Details regarding laboratory tests and sample collection at screening are provided in Section 9 of this manual.
- In conjunction with HIV testing during screening, both male and female participants will separately receive HIV pre- and post-test counseling as well as risk reduction counseling. Counseling considerations are described in detail in Section 13.

Individual participant confidentiality must be maintained. If both members of the couple agree, screening procedures can be conducted jointly with the *exception* of:

- Informed Consent
- Administration of CASI
- HIV counseling and testing
- Provision of any lab test results
- Collection of medical/menstrual/medication history
- Physical and genital/pelvic exams

Screening should be discontinued for the couple if either partner is determined to be ineligible.

- If a participant is found to be ineligible for any reason, staff should not inform their partner of the reason for discontinuation.
- If a participant screens out due to a clinical condition requiring follow-up, appropriate referrals should be provided to ensure well-being of the participant. Documentation of all referrals should be included in the participant chart.
- All lab results should be provided and explained to participants within a reasonable timeframe, regardless of eligibility determination.

If both partners meet eligibility criteria thus far at the end of their Screening Visits, they should be given instructions for scheduling the Enrollment Visit. Visit timeframes and scheduling can be found in Protocol Table 5 for Group 1 and Protocol Table 10 for Group 2.

Participants should be provided clinic contact information, and instructions to contact the clinic with any questions as needed prior to their scheduled Enrollment Visit. Couples in Group 1 should also be informed that if they are confirmed eligible they will be asked to engage in coitus on the day of enrollment. Group 2 participants will not engage in coitus on the day of enrollment. Group 1 couples should be reminded to abstain from intercourse and other prohibited vaginal/penile practices for 72 hours prior to their Enrollment Visit.

Between screening and enrollment, site staff should review lab results and other eligibility criteria as outlined in their Eligibility SOP. Note that no screening CRFs should be faxed to SCHARP until participant is enrolled.

4.3.4 Enrollment Procedures

On the day of enrollment, staff will need to reconfirm eligibility criteria prior to proceeding with enrollment of the couple.

The following procedures will be completed as part of eligibility confirmation on the day of enrollment:

- Confirm the Informed Consent for Screening and Enrollment is signed and dated.
- Confirm 30-day screening window has not been exceeded
- Update and confirm adequacy of locator information
- Confirm behavioral eligibility criteria, including but not limited to:
 - Continued monogamy
 - Non-use of barrier contraception during normal sexual routine
 - Group 1 Only: Abstinence from prohibited vaginal/penile practices in the past 72 hours
- Update medical/medication history (including menstrual history for female participants). Evaluate use of prohibited medications or intravaginal products, STI/RTI/UTIs, genital signs/symptoms, history of genital/gynecologic or penile procedures, drug/alcohol use and overall general health.
- Conduct a modified physical exam (see Section 8 for required components)
- Conduct a pelvic/genital exam including collection of vaginal pH.
- Female participants will also receive contraceptive counseling, urine pregnancy testing, and discussion of pregnancy history and future pregnancy intentions.
- Participants should receive all available test results and treatment or referrals for UTI/RTI/STIs.
- **NOTE:** With the exception of pregnancy testing for female participants, no laboratory procedures are required to confirm eligibility on the day of enrollment unless clinically indicated.

This review should be documented in the chart notes, and/or on other source documents as per site SOPs. If both partners are confirmed to be eligible based on procedures listed above, staff should complete final sign-off of the eligibility checklist for each partner per site SOPs. Participants will be considered enrolled in MTN-011 after completion and final sign-off of the non-datafax Eligibility Checklists for both participants.

After enrollment, couples will undergo the following procedures:

- Complete Baseline Questionnaire and Behavioral Assessment (CASI) for women, Baseline Questionnaire (CASI) and Male Practices Questionnaire for men
- Blood collection for plasma archive
- Group 2 participants will receive study product, study product use instructions, adherence counseling, and insert first dose in the clinic

The enrollment visit ends at this point for Group 2 participants.

- Group 1 participants will have coitus at the enrollment visit. For Group 1 participants:
 - Provide logistical information about coitus per site SOPs (i.e. directions to hotel, voucher for room payment, discuss any restrictions on type/activities involved in coitus, instructions about returning to clinic)
 - Male participants are not required to return to clinic after coitus, and therefore may be provided reimbursement and scheduled for their next visit prior to completion of coitus.
- Group 1 Female participants will be instructed to return to clinic within 1 hour of coitus to complete the following procedures:
 - Complete Visit Summary CRF to collect coitus visit data
 - Pelvic Exam, including sample collection for:
 - Vaginal fluid pH
 - Cervicovaginal lavage (CVL)
 - Record any Adverse Events (AEs)
 - Reimbursement
 - Confirm the date and time of the next visit

4.3.5 Screening and Enrollment Timeframe

All protocol-specified screening and enrollment procedures must take place within a 30-day period, beginning on the day the potential participant couple provides written informed consent for screening. In other words, the day the screening informed consent is signed is counted as “Day -30.” Enrollment is considered “Day 0.” For example, as shown below, a potential participant couple who provides written informed consent for screening on 1 August 2012 could be enrolled on any day up to and including 31 August 2012.

Additionally, the Enrollment visit should be scheduled within 2-3 days after the final day of the female participant’s menses. The rationale for this timeframe is that ideally all follow-up visits should occur while the participant is not on her menses. Amenorrhoeic participants can be scheduled for Enrollment at any time within the 30-day screening window. It is suggested that staff contact participants prior to their scheduled Enrollment as both a reminder and also to confirm visit is still on target with her final day of menses. At this time, staff should also remind participants of the abstinence requirements within 72-hours of their visit.

August 2012						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	1 Screening Consent (day -30)	2	3	4
5	6	7	8	9	10	11
12	13 End of Menses	14	15	16 Enrollment	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31 Last Day to Enroll (day 0)	

If all screening and enrollment procedures are not completed within 30 days of obtaining written informed consent for screening and enrollment, the participant couple must repeat the entire screening process, beginning with the screening and enrollment informed consent process. Note, however, that new participant identification numbers (PTID) are not assigned to the participants in this case (see Section 4.3.8 below). The term “screening attempt” is used to describe each time a participant couple screens for the study (i.e., each time they provide written informed consent). Couples may rescreen a total of one time for MTN-011. This guidance is distinct from couples who decide to re-enroll in the alternative group, as indicated below in Section 4.3.6.

4.3.6 Considerations for Couples Enrolling in Both Group 1 and Group 2

Interested couples who successfully complete follow-up in one group may enroll in the alternative group. There is a 30 day minimum washout period required between participation in the alternative group.

- If enrollment in the alternative group occurs within 90 days of the couple's last study visit, rescreening and repeat testing to confirm eligibility is not required for either the male or female participant. Although a screening visit is not required, an enrollment visit must be conducted for the alternative group.
- If the couple decides to enroll in the 2nd group more than 90 days after the participant's last study visit, then the couple will need to complete a new screening visit, including repeat eligibility testing.

The enrollment visit, for participants who fall within the 30-90 day window, should occur approximately 2-3 days after the female participant's menses is completed and will be performed as written in protocol section 7; with the following exceptions and additional procedures performed:

- Prior to initiating any enrollment procedures, both the male and female participant must provide written consent to participating in the alternative group. Conduct informed consent per Section 4.4
- Assign the couple new PTIDs per Section 4.3.8
- Eligibility assessment is not required; however the site should confirm the couples continued monogamy prior to enrollment and note this in chart notes
- Plasma archive is not required at the Enrollment Visit
- Baseline CASI questionnaire (BAQ) is not required at the Enrollment Visit; however female participants should complete the Behavioral CASI questionnaire (BEH) and male participants should complete the self-administered Male Behavioral Questions if enrolling in Group 1
- If the site opts to use separate binders for the couple's 2nd enrollment, the site should prepare certified copies of the baseline medical history, screening menstrual history and locator forms, as needed. The site may then update these forms with any changes/updates to the couple's baseline medical/menstrual history or locator details
- Complete a new Pre-existing Conditions (PRE) form for the female participant. Transcribe conditions listed from her first PRE if they are still ongoing, as well as any new conditions that have developed since completing her first group assignment. Similarly, complete a new Male Conditions Resolution Tracker form for the male participant; transcribe previous conditions and add any new ongoing conditions
- Sites must consult the PSRT for guidance on re-enrolling any participants who are currently experiencing a Grade 3 or 4 AE, regardless of relationship, at the time of enrollment
- Complete a new Concomitant Medications log for both the female and male participants. Transcribe any medications that continue from first group assignment and add any new ongoing medications since completing their first group assignment
- Complete a new Demographics form (DEM-1) for both participants; sites may transcribe the information from the first DEM form completed to the new DEM form, rather than re-administering the form to the participants.

- Besides the PRE, DEM and Concomitant Medications log, no other forms typically completed during a screening visit are required
- When completing the Enrollment CRF, mark “no” for Item 7 (Was plasma archived for the participant?) and Item 8 (Did the participant complete the CASI Baseline Questionnaire (BAQ)?). For Item 10 (Date screening semen sample collected from the male participant), site should line through the date boxes and record a note in adjacent space such as “Ppt previously enrolled in Group # X.”
- Complete the Enrollment Visit Checklist and note any omissions on the checklist related to the above guidance

4.3.7 Screening and Enrollment Logs

The DAIDS policy on *Requirements for Essential Documents at Clinical Research Sites Conducting DAIDS Funded and/or Sponsored Clinical Trials* requires study sites to document screening and enrollment activity on screening and enrollment logs. A sample screening and enrollment log suitable for use in MTN-011 is shown in Section Appendix 4-3. Study sites are encouraged to reference the eligibility criteria item numbers in protocol Sections 5.2 and 5.3 when recording the reason for screening failure/discontinuation on the screening and enrollment logs.

4.3.8 Assignment of Participant ID Numbers

The MTN SDMC will provide each study site with a listing of participant identification numbers (PTIDs) for use in MTN-011. Male participant PTIDs will correspond directly with the female’s PTID and will be assigned when the female PTID is assigned. The PTIDs will be identical except for the last digit (0=female and 1=male). As shown in Figure 4-1, the listing will be formatted such that it may be used at each site as the log linking PTIDs to participant names. There will be one log for both females and males.

Further information regarding the structure of PTIDs for MTN-011 can be found in Section 10 of this manual. PTIDs will be assigned to all potential participants who provide informed consent for screening and enrollment, regardless of whether they enroll in the study. Only one PTID will be assigned to each potential participant, regardless if they re-screen for the study. However, if a couple decides to re-enroll in the other group, after completing the study with the initial group, they will be assigned a new PTID. Study staff are responsible for establishing SOPs and staff responsibilities for proper storage, handling, and maintenance of the PTID list such that participant confidentiality is maintained, individual PTIDs are assigned to only one participant, and individual participants are assigned only one PTID.

Figure 4-1
Sample Site-Specific PTID List for MTN-011

	Participant ID	Participant Name	Date	Staff Initials
1	XXX-00001-0			
2	XXX-00001-1			
3	XXX-00002-0			
4	XXX-00002-1			
5	XXX-00003-0			
6	XXX-00003-1			
7	XXX-00004-0			
8	XXX-00004-1			
9	XXX-00005-0			
10	XXX-00005-1			

4.4 Informed Consent

Informed consent is a process by which an individual voluntarily expresses their willingness to participate in research, after having been informed of all aspects of the research that are relevant to their decision. Informed consent is rooted in the ethical principle of respect for persons. It is not merely a form or a signature, but a process, with four key considerations — information exchange, comprehension, voluntariness, and documentation — each of which is described below. See Section 4.8 of the International Conference on Harmonization Good Clinical Practice (GCP) Consolidated Guidance (ICH-E6) and the informed consent section of the DAIDS policy on *Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials* for detailed guidance on the informed consent process and associated documentation requirements.

Although this is a couples study, informed consent for screening and enrollment must be conducted separately to maintain each individual’s confidentiality. Staff may provide a general education session to the couple as a pair, but this does not replace the need for an individual consent session. There are four Informed Consent Forms (ICFs) for this study. Each participant should only sign one form. Suggest identifying the different informed consents by printing them out on different colored paper or having different page borders on the different forms.

- Informed Consent for Screening and Enrollment Group 1 Female
- Informed Consent for Screening and Enrollment Group 1 Male
- Informed Consent for Screening and Enrollment Group 2 Female
- Informed Consent for Screening and Enrollment Group 2 Male

The two different study groups should be described in detail to the study participants. Emphasis should be placed on when visits will need to be conducted and what participants will need to do if they join each study group. Study participants will select which Group they would like to participate in before study staff conduct the Informed Consent session. If one of the groups has all the needed participants, only participation in the remaining group should be offered.

After consenting, both male and female participants will be assigned PTIDs and undergo a series of behavioral assessments, clinical evaluations, and lab tests to determine eligibility for MTN-011.

The Screening and Enrollment consent for females and males includes the option to consent to storage and future testing of specimens for future studies. Participants must document their consent for specimen storage separate from their consent for screening and enrollment by writing their initials to indicate whether or not they give their permission to the use and future testing of leftover biological samples. Participants may choose not to consent to specimen storage and still enroll in the study.

US regulations specify the elements of informed consent that must be conveyed to research participants through the informed consent process. It is the responsibility of the IoR, and designated study staff, to deliver all required information to potential research participants.

Based on the technical and regulatory reviews that are completed as part of the MTN protocol development and study activation processes, there is adequate assurance that once the MTN CORE (FHI 360) has activated a site for study implementation, site-specific informed consent forms specify all information required by the regulations. However, responsibility for informed consent does not end with preparation of an adequate informed consent form. It is the responsibility of the IoR and designated study staff to perform the following:

- Deliver all required information in a manner that is understandable to potential study participants.
- Assure that informed consent is obtained in a setting free of coercion and undue influence: do not overstate the possible benefits of the study, nor to understate the risks. Also emphasize to the participant that the availability of medical care and other services routinely obtained from the study site institution will not be affected by their decision of whether or not to take part in the study.
- Confirm that the participant comprehends the information
- Document the process

4.4.1 Comprehension Assessment

The participant must not be asked to agree to take part in the study, or to sign the informed consent form, until they fully understand the study. Study staff are responsible for implementing procedures to ensure that each participant understands all aspects of study participation before signing the informed consent form. This understanding must be documented in a standard comprehension document. For this study you will use be required to use an IC Comprehension Checklist. Please see two examples in Appendix 4-1: one for men and one for women. Sites may modify this checklist but should inform FHI 360 of the final document they plan on using.

Instructions for using the IC Comprehension Checklist should be included in the site SOP for obtaining informed consent and the tools should be submitted to the IRB for approval.

If the assessment indicates misunderstanding of aspects of the study, review those aspects again until the participant fully understands them. If after all possible efforts are exhausted, the participant is not able to demonstrate adequate understanding of the study, do not ask them to sign the informed consent form or to enroll in the study. Similarly, if the participant has concerns about possible adverse impacts if they were to take part in the study, or indicates that they may have difficulty adhering to the study requirements, do not ask them to sign the informed consent form or enroll in the study unless (or until) such issues can be resolved to the satisfaction of the participant and the IoR (or designee).

4.4.2 Documentation

US regulations require that informed consent be documented through “the use of a written informed consent form approved by the IRB/EC and signed and dated by the subject or the subject's legally authorized representative at the time of consent.”

To fulfill this requirement, the participant should print their name, sign, and date the informed consent form in ink. Legal names should be used. Fabricated/falsified names should not be used. Initials may not be used in place of a participant’s full surname, and it is strongly recommended that initials not be used in place of a participant’s full first name. However, if a participant commonly signs their name using an initial for their first name, the initial may be used, provided this practice is acceptable per the policies of the study site institution(s).

The DAIDS policy on *Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials* lists detailed requirements and suggestions for documenting the informed consent process. All requirements listed in the DAIDS policy must be met. In order to also meet many of the suggestions listed in the DAIDS policy, site staff may use an informed consent coversheet similar to the example included in Section Appendix 4-2. Sites choosing to use a coversheet should list the coversheet as a source document in their SOPs for Source Documentation for MTN-011 and should use the coversheet consistently to document the informed consent process conducted with each participant.

The informed consent process should be documented in a signed and dated chart note. The note (as well as the dates on the informed consent form) should document that informed consent was obtained before conducting any study procedures. The note also should document adherence to the requirements of the informed consent section of the DAIDS policy on *Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials*. However, if an informed consent coversheet is used, it is not necessary to transcribe information recorded on the coversheet into the chart note.

GCP 4.8.11 requires that participants are given a signed copy of the informed consent forms. If a participant opts not to receive a copy, document this in a chart note and offer the participant an alternate form of study contact information (e.g., a contact card or appointment card) in lieu of the full informed consent form.

4.4.3 SOP for Obtaining Informed Consent

As a condition for study activation, each site must establish an SOP for obtaining informed consent from potential study participants. This SOP should reflect all of the information provided in this section and minimally should contain the following elements:

- The minimum legal age to provide independent informed consent at the study site
- Procedures for ascertaining participant identity and age
- Procedures for ascertaining participant literacy
- Procedures for providing all information required for informed consent to the participant
- Procedures for ascertaining participant comprehension of the required information
- Procedures to ensure that informed consent is obtained in a setting free of coercion and undue influence
- Procedures for documenting the informed consent process
- Storage locations for blank informed consent forms
- Storage locations for completed informed consent forms
- Procedures for implementing a change in the version of the informed consent form used
- Staff responsibilities for all of the above

Section Appendix 4-1

MTN-011 Screening and Enrollment Informed Consent Comprehension Checklist for Women			
Name or PTID:		Date:	
Open-Ended Question/Statement	Required Points of Comprehension	✓	Comments
1 Please tell me your understanding of the purpose of the study.	To learn about how sex impacts the absorption of tenofovir gel		
2 Please tell me your understanding of the length of the study and schedule of visits	Participants to explain overall study design, duration, visit schedule - depending on which group they have chosen		
3 When do you and your partner need to abstain from sex?	72 hours prior to each follow-up study visit		
4 Are you required to have blood and other specimens stored for future testing in order to join this study?	No, future storage is optional		
5 What are the possible risks for participants in the study?	Gel may cause bad effects (<i>must mention at least one</i>)		
	Others may treat you badly for being in the study (social harms)		
	Pain and/or bleeding during or after biopsies		
6 What will happen if women 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		
7 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 her information		
8 What are the possible benefits for participants in the study?	Counseling, contraception, medical exams, tests, clinical care, personal satisfaction (<i>must mention at least one</i>)		
9 What should participants do if they have questions or concerns about their health or about what is happening in the study?	<i>Must state how to contact study staff</i>		
Outcome <input type="checkbox"/> Demonstrated comprehension of all required points, decided to enroll in study. <input type="checkbox"/> Demonstrated comprehension of all required points, decided NOT to enroll in study. <input type="checkbox"/> Demonstrated comprehension of all required points, deferred enrollment decision. <input type="checkbox"/> Did not demonstrate comprehension of all required points (yet), needs more time/discussion. <input type="checkbox"/> Unable to demonstrate comprehension of all required points, consent process discontinued. <input type="checkbox"/> Other (specify): _____		Optional Comment Codes a. Answered correctly on first try b. Could not answer at first but answered correctly with probing c. Answered incorrectly at first but answered correctly after discussion d. Not able to answer correctly at this time e. Other (describe)	
Staff Signature:			
Version 1.0, 11 May 2012			

MTN-011 Screening and Enrollment Informed Consent Comprehension Checklist for Men

Name or PTID:		Date:	
Open-Ended Question/Statement	Required Points of Comprehension	✓	Comments
1 Please tell me your understanding of the purpose of the study.	To learn about how sex impacts the absorption of tenofovir gel		
2 Please tell me your understanding of the length of the study and schedule of visits	Participants to explain overall study design, duration, visit schedule - depending on which group they have chosen		
3 When do you and your partner need to abstain from sex?	72 hours prior to each follow-up study visit		
4 Are you required to have blood and other specimens stored for future testing in order to join this study?	No, future storage is optional		
5 What are the possible risks for participants in the study?	Discomfort or embarrassment during genital exam		
	Others may treat you badly for being in the study (social harms)		
	Small amount of tenofovir may pass from partner, possible side effects including mild pain and itching		
6 What will happen if men decide not to join the study?	Free to make his own decision about joining the study		
	No change to his access to health care whether he joins the study or not		
7 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 her information		
8 What are the possible benefits for participants in the study?	Counseling, medical exams, tests, clinical care, personal satisfaction <i>(must mention at least one)</i>		
9 What should participants do if they have questions or concerns about their health or about what is happening in the study?	<i>Must state how to contact study staff</i>		
Outcome <input type="checkbox"/> Demonstrated comprehension of all required points, decided to enroll in study. <input type="checkbox"/> Demonstrated comprehension of all required points, decided NOT to enroll in study. <input type="checkbox"/> Demonstrated comprehension of all required points, deferred enrollment decision. <input type="checkbox"/> Did not demonstrate comprehension of all required points (yet), needs more time/discussion. <input type="checkbox"/> Unable to demonstrate comprehension of all required points, consent process discontinued. <input type="checkbox"/> Other (specify): _____		Optional Comment Codes a. Answered correctly on first try b. Could not answer at first but answered correctly with probing c. Answered incorrectly at first but answered correctly after discussion d. Not able to answer correctly at this time e. Other (describe)	
Staff Signature: Version 1.0, 11 May 2012			

Section Appendix 4-2
Sample Informed Consent Coversheet for MTN-011

Participant Name (or PTID):	
Name of study staff person completing informed consent process/discussion (and this coversheet):	
Is the participant of legal age to provide independent informed consent for research?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ STOP. Participant is not eligible for MTN-011.
Date of informed consent process/discussion:	
Start time of informed consent process/discussion:	
Was the informed consent process/discussion conducted according to site SOPs for MTN-011?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Record and explain departures from site SOPs below.
Can the participant read?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ STOP. Participant is not eligible for MTN-011.
Version number/date of informed consent form used during informed consent process/discussion:	
Was all information required for the participant to make an informed decision provided in a language that was understandable to the participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Explain below.
Were all participant questions answered?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Explain below.
Did the participant comprehend all information required to make an informed decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Explain below.
Was the participant given adequate time/opportunity to consider all options before making their informed decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Explain below.
Did the participant accept a copy of the informed consent form?	<input type="checkbox"/> NA (participant chose not to provide informed consent) <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Offer alternative form of study contact information to participant.
End time of informed consent process/discussion:	
Notes/Comments (continue on back if needed):	
Signature of study staff person completing informed consent process/discussion (and this coversheet):	

