***Instructions****: Complete this contact log at the scheduled study exit visit.*

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| --- | --- | --- | --- |
| **Participant Name** | **Permission to Contact for MTN-034/REACH Results?** | **Permission to contact for participation in future studies?** | **Staff I&D** |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  |  |  |