MTN 004 Protocol Safety Review Team Query Form, page 1 of 2

Instructions: Email completed form to <u>rdc27@pitt.edu</u>, <u>kbunge@mail.magee.edu</u> and <u>nancycsc@gmail.com</u>.

IMPORTANT: Complete all required fields so the PSRT has all information needed to respond to your query.

Site:	Query Date (dd-MMM-yy):
Completed by:	Email address:
PTID:	Participant Age (in years):
Enrollment Date (de	d-MMM-yy):
Reason for query:	 Product use consultation: Should use of study gel be temporarily discontinued (held)? Should use of study gel be permanently discontinued (held)? Should use of study gel be resumed? Request for consultation on AE management Request to withdraw participant from the study Request to unblind participant's gel assignment Other, specify:

Is this query a request for the PSRT to consult on an adverse event (AE)?

- \Box Yes \rightarrow continue completing this page
- \square No \rightarrow skip to Comments on page 2

Primary AE of concern:

AE onset date (dd-MMM-yy):

Relatedness to study gel:

- Definitely related
- Probably related
- Possibly related
- Probably not related
- Definitely not related

AE severity grade at onset:

Current study gel administration:

- No change
- On hold
- Permanently discontinued
- Not applicable

Has this AE been reported on a SCHARP AE Log form?

Yes
No

Has this AE been reported as an EAE?

Yes
No

Has this AE been assessed more than once?

 \square No \rightarrow skip to Comments on page 2

Date of most recent assessment (dd-MMM-yy):

Status of AE at most recent assessment:

- Continuing, stabilized (severity grade unchanged)
- Continuing, improving \rightarrow severity grade <u>decreased to</u>
- Continuing, worsening \rightarrow severity grade <u>increased to</u>
- Resolved

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Comments: Provide additional details relevant to this query. If gel use has been held, include date of last reported gel application prior to the hold (per participant report).

End of Form for Site Staff. Email completed form to the MTN 004 MTN Protocol Safety Physicians rdc27@pitt.edu, kbunge@mail.magee.edu and nancycsc@gmail.com. If an email response is not received from the PSRT within 3 business days, re-contact the MTN Protocol Safety Physicians and/or the MTN CORE (kgomez@fhi.org, or llevy@fhi.org) for assistance.

FOR PSRT USE ONLY — PROVIDE RESPONSE TO QUERY HERE
PSRT Responding Member: PSRT Response Date (dd-MMM-yy):
Query Outcome: Approved Not approved Not applicable
PSRT Comments: