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| **Site Number:** | **Site/ Clinic Name:** |

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|  | **PHARMACY STAFF** | | | | **CLINIC STAFF/RUNNER** | | | |
| Date Dispensed by Pharmacy  dd-MMM-yy | PTID | Quantity of Study Vaginal Rings Dispensed by Pharmacy | Ring Code(s)  XX.X | RPh Initials | PTID  (Verify PTID) | Date and Time Received by Clinic Staff/ Runner  dd-mm-yy 00:00 AM/PM | Clinic Staff /Runner Initials | Comments |
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Instructions: Complete one row each time a VR(s) is dispensed to non-pharmacy staff for delivery to a study participant. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction.