



CRF Request Study (210)

MTN 003B (038)

Current Date

dd MMM yy

MTN 003B CRF Request Form

This request is for site:

*Seke South
(Chitungwiza)*

*Zengeza
(Chitungwiza)*

*Spilhaus
(Harare)*

*Makerere Univ.-JHU
(Kampala)*

Requested by: _____
Printed name E-mail

Instructions: Request forms **at least 3 weeks in advance** of needing them at your site to ensure a steady supply of participant forms. To request additional forms for the MTN 003B Protocol, please complete this form and fax to DataFax. **Fax only one request per day.** Record the quantity of each item in the specific language you need. **Order minimum quantities of 100 of each item.**

MTN 003B VISIT PACKET/CRF	Acronym	LANGUAGE		
		ENGLISH	LUGANDA	SHONA
MTN 003B Visit Packets (<i>All packets include only English CRFs.</i>)				
Screening and Enrollment Visit	N/A		N/A	N/A
Follow-up Visit	N/A		N/A	N/A
MTN 003B Local Language Packet				
Local Language Packet (<i>Includes Physical Activity Questionnaire and Food Frequency Questionnaire in language specified</i>)				
MTN 003B CRFs				
MTN 003B Eligibility	ELB-1		N/A	N/A
MTN 003B Lactation and Contraceptive History	LCH-1		N/A	N/A
MTN 003B Visit Procedures	VP-1		N/A	N/A
MTN 003B DXA Scan	DXA-1		N/A	N/A
MTN 003B Early Termination	TMB-1		N/A	N/A
MTN 003B Missed Visit	MVB-1		N/A	N/A
MTN 003B LDMS Specimen Tracking Sheet	non-DataFax		N/A	N/A
MTN 003B CRF Request Form (1 pg)	N/A		N/A	N/A

Blank Specimen Labels	Number of Sheets: <i>Mark only one for each type of label.</i>		
Large (0.5" x 1.25")	<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300

For questions regarding your CRF Order, please send an e-mail to sc.crforders@scharp.org or contact your study Project Manager.

18-JUN-09