| **MTN-033: Termination Visit/Contact Checklist** |
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| **Procedures:** | **Staff****Initials** |
|  | Confirm identity and PTID. |  |
|  | Review/update locator information, per site SOPs. |  |
|  | As needed, assess AEs and document on **Adverse Event Summary Y/N** and **Adverse Event Log** CRFs. If required, schedule interim visit for follow-up of identified AE(s). |  |
|  | Provide and explain available exam and lab test results. *If STI/RTI/UTI is diagnosed, provide or refer for treatment.* Document provision of results, treatments and referrals in chart notes. |  |
|  | Reinforce site contact information and: * If applicable, schedule a final study visit/contact for disclosure of all remaining exam and lab test results.
* If applicable, schedule clinically indicated follow-up for subset of ongoing AEs at this visit.

 Schedule follow up Visit   DD MMM YY * Inform the participant of planned methods and timeframes for dissemination of study results.
* Determine and document whether participant is willing to be contacted about future studies for which s/he may be eligible.
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|  | Offer study condoms (if clinic visit). |  |
|  | Provide reimbursement. |  |