***Instructions****: Complete the left side of this contact log at the maternal scheduled study exit visit (i.e. the 6-week PPO visit or early termination visit, if applicable). At the infant study exit visit (i.e. infant 12-month visit), complete the right side by reconfirming or updating permissions given at the maternal study exit and confirming permission to contact for infant participation in future studies.*

*\*In the unique circumstance that the mother is no longer the legal guardian for the infant, document the current legal guardian’s permission to be contacted about the study results and infant participation in future studies by entering the guardian’s name in the Maternal Participant Name column followed by a note: “(legal guardian of [infant name])”*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Maternal Participant Name\*** | **Permission to Contact for MTN-042/DELIVER Results?** | **Permission to contact for maternal participation in future studies?** | **Staff I&D** | **Permissions from maternal study exit visit confirmed/updated as needed on exit of infant?** | **Permission to contact for infant participation in future studies?** | **Staff I&D** |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  | ❒ YES ❒ NOIf No, explain:  | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  | ❒ YES ❒ NOIf No, explain:  | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  | ❒ YES ❒ NOIf No, explain:  | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  | ❒ YES ❒ NOIf No, explain:  | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  | ❒ YES ❒ NOIf No, explain:  | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  | ❒ YES ❒ NOIf No, explain:  | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  | ❒ YES ❒ NOIf No, explain:  | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  | ❒ YES ❒ NOIf No, explain:  | ❒ YES ❒ NO |  |