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| **ScreeningDate\*** | **MTN-041** **PTID** | **Participant** **Group:**• PBF • GM• MP • KI | **Enrollment Date\*** | **Reason for Screening** **or Enrollment Failure** **(or N/A if enrolled)** | **Interview Date** | **Staff Initials & Date** | **Comments** |
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All dates should be entered as DD/MMM/YY.

The PSF CRF should also be completed for all participants who are assigned a PTID with the reasons for screening or enrollment failure. Note that “unable to contact participant” after multiple attempts is considered a screening failure.

\*The Screening Date is the date the Screening & Enrollment Consent is signed. The Enrollment Date is the date which the in which final eligibility is confirmed and signed off on the eligibility checklist. The Interview Date is the date the Interview/Focus Group Discussion was completed.