



HPTN 052 (096)

CR-1 (466)

Index ID

- - - -

Site Number Index Number Partner Chk

Couples Receipt

Form Completion Date

dd MMM yy

Instructions: The **receiving** study site completes this form when a couple transfers from another study site. Record above the index ID assigned by the transferring study site (i.e., keep original index ID). **Do not** assign new IDs to the index or partner.

1. Name of receiving study site: _____

2. Name of transferring study site: _____

3. Date index signed informed consent at receiving study site:

dd MMM yy

4. Date partner signed informed consent at receiving study site:

dd MMM yy

5. Did index provide informed consent for specimen storage at receiving study site? ^{yes} ^{no} **→ If no, go to item 6.**

5a. Date informed consent for index specimen storage signed:

dd MMM yy

6. Did partner provide informed consent for specimen storage at receiving study site? ^{yes} ^{no} **→ If no, end of form.**

6a. Date informed consent for partner specimen storage signed:

dd MMM yy

Comments: _____

Couples Receipt (CR-1)

For more information on Participant Transfer and Receipt, refer to the protocol and/or the Manual of Operations (MOP).