



HPTN 052 (096)

ITM-1 (490)

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2. Reason for termination. Mark only one.

[] 2a. Scheduled exit visit/end of study. —> End of form.

[] 2b. Death. Indicate date and cause if known.

2b1. Date of death [][] dd [][][] MMM [][] yy

OR [] Date unknown

2b2. Cause of death _____

OR [] Cause unknown

Complete or update Index Adverse Event Log.

[] 2c. Participant refused further participation, specify: _____

[] 2d. Participant unable to adhere to visit schedule.

[] 2e. Participant relocated, no follow-up planned.

[] 2f. Investigator decision, specify: _____

[] 2g. Unable to contact participant.

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[] 2i. Inappropriate enrollment.

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[] 2k. Other, specify: _____

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Comments: _____

[] [x] [] [] 16-JAN-13

01 Language

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3. Was termination associated with...

Adverse Event? [] yes [] no [] don't know Record Index Adverse Event Log page: [][][]

Comments: _____

[] [x] [] [] 16-JAN-13

01 Language

Staff Initials / Date

Index Termination (ITM-1)

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HPTN 052 (096)

ITM-1 (490)

Visit Code [][][] . []

Index ID

Site Number [][][] - Index Number [][][] - Partner 00 - Chk []

Index Termination

1. Termination Date: [][] dd [][][] MMM [][] yy

Date the site determined that the participant was no longer in the study.

2. Reason for termination. Mark only one.

[] 2a. Scheduled exit visit/end of study. —> End of form.

[] 2b. Death. Indicate date and cause if known.

2b1. Date of death [][] dd [][][] MMM [][] yy

OR [] Date unknown

2b2. Cause of death _____

OR [] Cause unknown

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