



HPTN 052 (096)

ITM-1 (490)

Visit Code [ ][ ] . [ ]

Visit Code

Index ID

Index Termination [ ][ ][ ] - [ ][ ][ ] - 00 - [ ]

Site Number Index Number Partner Chk

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

2b2. Cause of death \_\_\_\_\_

OR [ ] Date unknown 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: \_\_\_\_\_

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NOT APPLICABLE FOR THIS PROTOCOL.

[ ] 2i. Inappropriate enrollment.

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[ ] 2k. Other, specify: \_\_\_\_\_

[ ] 2l. Early study closure.

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

Comments: \_\_\_\_\_

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[ ] 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

2b2. Cause of death \_\_\_\_\_

OR [ ] Date unknown

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.

NOT APPLICABLE FOR THIS PROTOCOL.

[ ] 2i. Inappropriate enrollment.

[ ] 2j. Invalid ID due to duplicate screening/enrollment.

[ ] 2k. Other, specify: \_\_\_\_\_

[ ] 2l. Early study closure.

3. Was termination associated with...

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

Comments: \_\_\_\_\_

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## Index Termination (ITM-1)

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HPTN 052 (096)

ITM-1 (490)

Visit Code [ ][ ] . [ ]

Visit Code

Index ID

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

Index Termination

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

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3. Was termination associated with...

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

Comments: \_\_\_\_\_

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ITM-1 (490)

Visit Code [ ][ ] . [ ]

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Index Termination [ ][ ][ ] - [ ][ ][ ] - 00 - [ ]

Site Number Index Number Partner Chk

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Site Number Index Number Partner Chk

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

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

2b2. Cause of death \_\_\_\_\_

OR [ ] Date unknown OR [ ] Cause unknown

Complete or update Index Adverse Event Log.

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

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

Comments: \_\_\_\_\_

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Index Termination

1. Termination Date: [ ][ ] <sup>dd</sup> [ ][ ][ ] <sup>MMM</sup> [ ][ ] <sup>yy</sup>

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OR  Date unknown

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2k. Other, specify: \_\_\_\_\_

2l. Early study closure.

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Adverse Event?  <sup>yes</sup>  <sup>no</sup>  <sup>don't know</sup> **Record Index Adverse Event Log page:** [ ][ ][ ] <sup>page #</sup>

Comments: \_\_\_\_\_

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