



HPTN 052 (096)

PTM-1 (390)

Visit Code [][][] . []

Partner ID

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

Partner Termination

Instructions: Complete this form when a partner terminates from the study.

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

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

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

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

[] 2f. Investigator decision, please specify: _____

[] 2g. Unable to contact participant.

[] 2h. HIV infection.

[] 2i. Inappropriate enrollment

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

[] 2k. Other reason, please specify: _____

[] 2l. Early study closure.

[] 2m. Relationship ended.

[] 2n. Death of index.

Comments: _____

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

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Language

Staff Initials / Date

Partner Termination (PTM-1)

This form is to be completed only when a partner withdraws or is removed from the study.

Item 2: Although more than one of the listed reasons may describe why a participant left the study early, mark only the primary reason for termination.

- **Item 2a:** Scheduled exit visit/end of study: Only mark 2a if the participant completes the protocol-defined final visit.
- **Item 2l:** Early study closure: Only mark 2l when instructed by SCHARP.