Week 49 Visit
Visit Code: 11.0

Required forms

- Follow-up Visit (FUV-1)
- Follow-up Complete Blood Count (FCB-1)
- Follow-up Laboratory Results (FLR-1, FLR-2)
- Specimen Storage–All Participants (SS-1)
- HIV Test Results (HTR-1)*****
- Termination (TM-1)
- End of Study Inventory (ESI-1)

Tissue Subset Only

- Tissue Subset Specimen Storage (TSS-1)
- Tissue Subset Hair Specimen Collection (TSH-1)

As Needed

- Hepatitis Test Results (HEP-1)
- Social Impact Log (SIL-1)
- Regimen Hold/Discontinuation Log (RHD-1)
- Concomitant Medications Log (CM-1)
- Adverse Experience Log (AE-1)

**** HIV Test Results (HTR-1) is no longer needed after HIV infection is confirmed.***

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Visit Code ☐☐.0 1

HPTN 069 (109) FUV-1 (120)

Participant ID

☐☐☐-☐☐☐☐☐-☐

Site Number Participant Number Chk

Follow-up Visit

Visit Date

☐☐ ☐☐☐ ☐☐

dd *MMM* *yy*

1. At this visit, how many **new** Adverse Experiences (AEs) have been reported?

 # new AEs ☐☐ → ***Complete a separate AE Log page for each AE. If none, enter 00.***

2. At this visit, how many **new** social impacts have been reported? .....

 # new social impacts ☐☐ → ***Complete a separate Social Impact Log page for each event. If none, enter 00.***

3. At this visit, how many **new** regimen holds or discontinuations have been initiated? .....

 # new regimen holds or discontinuations ☐☐ → ***Complete a separate Regimen Hold/Discontinuation Log page for each hold or discontinuation. If none, enter 00.***

4. Did the participant complete the CASI questionnaire for this visit? .....

yes ☐ *no* ☐ *not required* ☐

→ ***If no, specify reason in Comments.***

5. Did the participant receive a new EDM device at this visit? .....

yes ☐ *no* ☐ → ***If no, go to item 6.***

5a. New EDM device number: .....

device # ☐☐☐

6. Was the participant dispensed any pills at this visit? .....

yes ☐ *no* ☐ → ***If no, end of form.***

 # pills dispensed

6a. Maraviroc (MVC)/placebo ..... ☐☐☐

6b. Emtricitabine (FTC)/placebo ..... ☐☐☐

6c. Tenofovir (TDF)/placebo ..... ☐☐☐

Comments: _____

Follow-up Visit (FUV-1)

Purpose: This form is used to document regularly scheduled follow-up visits.

Visit Code ☐☐.☐ 1

HPTN 069 (109) FCB-1 (142)

Participant ID

☐☐☐-☐☐☐☐☐-☐

Site Number Participant Number Chk

Follow-up Complete Blood Count

Specimen Collection Date

☐☐ ☐☐☐ ☐☐

dd *MMM* *yy*

Not done/ Not collected ☐

1. HEMOGRAM

	Not reported		Severity Grade *If applicable*	AE Log Page #	Not reportable as an AE
1a. Hemoglobin	☐	..... ☐☐.☐ *g/dL*	☐	☐☐☐	OR ☐
1b. Hematocrit	☐	..... ☐☐.☐ *%*			
1c. MCV	☐	..... ☐☐☐.☐ *fL*			
1d. Platelets	☐	..... ☐☐☐☐.☐ *x10^3/mm^3*	☐	☐☐☐	OR ☐
1e. WBC	☐	..... ☐☐☐.☐ *x10^3/mm^3*	☐	☐☐☐	OR ☐

Not done ☐ → ***If not done, end of form.***

DIFFERENTIAL

	Not reported		Absolute Count *cells/mm^3*	Severity Grade *If applicable*	AE Log Page #	Not reportable as an AE
1f. Neutrophils	☐		☐☐☐☐☐	☐	☐☐☐	OR ☐
1g. Lymphocytes	☐	.....	☐☐☐☐	☐	☐☐☐	OR ☐
1h. Monocytes	☐	.....	☐☐☐☐			
1i. Eosinophils	☐	.....	☐☐☐☐			
1j. Basophils	☐	.....	☐☐☐☐			

Comments: _____

Follow-up Complete Blood Count (FCB-1)

Specimen Collection Date: Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.

Results Reporting

- If a specimen was collected but results are not available because the specimen was lost or damaged, line through the results box(es), provide initials and date, and write an explanation on the Comments line.
- If the site lab does not produce test results in the units used on this form, the results must be converted before the laboratory CRF is faxed to SCHARP. Refer to Study Specific Procedures (SSP) for conversion instructions.
- If the site lab does not report results to the same level of precision allowed on the CRF, record a zero (0) in the box(es) to the right of the decimal point. For example, a lab-reported hematocrit value of 30% would be recorded as 30.0%.
- It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL.
    - If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.

Severity Grade:

- If any abnormal laboratory values meet the criteria for severity grade 1 or greater, according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, record the grade in the appropriate box next to the results.
- Always compare the severity grade range to the value that was recorded on the CRF (not the lab-reported value).
- When working with calculated severity grade ranges (e.g., 1.1–1.5 times the site lab upper limit of normal), the calculated range may have more significant digits than the lab result.
    - Treat all missing digits in the lab value as zeros.
    - If the lab value falls between two calculated severity grade ranges, assign it the higher grade.
- There may be situations in which a lab value falls within a site's lab normal ranges and also within a gradable range according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*. Per the protocol-specific AE reporting requirements, report this as an AE, as appropriate, and grade it according to the *DAIDS Table*.

AE Log Page #: If the lab value is reportable as an AE, record the page number of the AE Log which is most closely associated with the abnormal lab value.

Not Reportable as an AE: Only mark this box if the lab value is gradable according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, but is not reportable as an AE. This includes Pre-existing Conditions and abnormal lab values that do not meet protocol-specific AE reporting requirements.

Visit Code ___.___ 1

HPTN 069 (109) FLR-1 (143)

Participant ID

___ - ___ - ___

Site Number Participant Number Chk

Follow-up Laboratory Results

Initial Specimen Collection Date

dd MMM yy

1. SERUM LIPIDS

1a. Did the participant fast for at least 8 hours prior to blood collection? ..... yes ☐ no ☐

Not done/ Not collected	Alternate Collection Date dd	MMM	yy		mg/dL	Severity Grade If applicable	AE Log Page #		Not reportable as an AE
☐				1b. Total cholesterol				OR	☐
☐				1c. Triglycerides				OR	☐
☐				1d. LDL				OR	☐
☐				1e. HDL				OR	☐

2. LIVER FUNCTION TESTS

Not done/ Not collected	Alternate Collection Date dd	MMM	yy		U/L	Severity Grade If applicable	AE Log Page #		Not reportable as an AE
☐				2a. Alkaline phosphatase				OR	☐
☐				2b. AST (SGOT)				OR	☐
☐				2c. ALT (SGPT)				OR	☐
☐				2d. Total bilirubin	mg/dL ___.___			OR	☐

3. ELECTROLYTES

Not done/ Not collected	Alternate Collection Date dd	MMM	yy		mmol/L	Severity Grade If applicable	AE Log Page #		Not reportable as an AE
☐				3a. Sodium				OR	☐
☐				3b. Potassium	___.___			OR	☐
☐				3c. Chloride					
☐				3d. Phosphorus (Phosphate)	mg/dL ___.___			OR	☐
☐				3e. Bicarbonate	mmol/L ___.___			OR	☐

☐ ☐ ☐ ☒ 01-JUN-12

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Staff Initials / Date

Follow-up Laboratory Results (FLR-1)

Initial Specimen Collection Date: Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.

Alternate Collection Date: This date is to be completed ONLY if the specimen was collected after the Initial Specimen Collection Date for this same visit. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. A complete date is required.

Results Reporting

- If a specimen was collected but results are not available because the specimen was lost or damaged, line through the results box(es), provide initials and date, and write an explanation on the Comments line.
- If the site lab does not produce test results in the units used on this form, the results must be converted before the laboratory CRF is faxed to SCHARP. Refer to Study Specific Procedures (SSP) for conversion instructions.
- If the site lab does not report results to the same level of precision allowed on the CRF, record a zero (0) in the box(es) to the right of the decimal point. For example, a lab-reported hematocrit value of 30% would be recorded as 30.0%.
- It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL.
    - If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.

Severity Grade:

- If any abnormal laboratory values meet the criteria for severity grade 1 or greater, according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, record the grade in the appropriate box next to the results.
- Always compare the severity grade range to the value that was recorded on the CRF (not the lab-reported value).
- When working with calculated severity grade ranges (e.g., 1.1–1.5 times the site lab upper limit of normal), the calculated range may have more significant digits than the lab result.
    - Treat all missing digits in the lab value as zeros.
    - If the lab value falls between two calculated severity grade ranges, assign it the higher grade.
- There may be situations in which a lab value falls within a site's lab normal ranges and also within a gradable range according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*. Per the protocol-specific AE reporting requirements, report this as an AE, as appropriate, and grade it according to the *DAIDS Table*.

AE Log Page #: If the lab value is reportable as an AE, record the page number of the AE Log which is most closely associated with the abnormal lab value.

Not Reportable as an AE: Only mark this box if the lab value is gradable according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, but is not reportable as an AE. This includes Pre-existing Conditions and abnormal lab values that do not meet protocol-specific AE reporting requirements.

Item-specific Instructions:

- **Item 1a:** Participant should be fasting for at least 8 hours prior to blood collection. If fasting did not occur, mark "no" for item 1a.

Visit Code ☐☐.☐ 1

HPTN 069 (109) FLR-2 (144)

Participant ID

☐☐☐-☐☐☐☐☐-☐

Site Number Participant Number Chk

Follow-up Laboratory Results

4. OTHER LAB RESULTS

Not done/ Not collected	Alternate Collection Date dd MMM yy		Severity Grade If applicable	AE Log Page #	Not reportable as an AE
☐	☐☐ ☐☐☐ ☐☐	4a. Glucose ..... ☐☐☐ mg/dL	☐	☐☐☐	OR ☐
☐	☐☐ ☐☐☐ ☐☐	4b. 25-OH-vit D ..... ☐☐ ng/mL			
☐	☐☐ ☐☐☐ ☐☐	4c. Parathyroid hormone (PTH) ..... ☐☐ pg/mL			

5. WEIGHT ..... ☐☐☐ *kg*

6. RENAL FUNCTION TESTS

Not done/ Not collected	Alternate Collection Date dd MMM yy		Severity Grade If applicable	AE Log Page #	Not reportable as an AE
☐	☐☐ ☐☐☐ ☐☐	6a. Creatinine .... ☐☐.☐ mg/dL	☐	☐☐☐	OR ☐
		6a1. Calculated creatinine clearance ☐☐☐ mL/min			
☐	☐☐ ☐☐☐ ☐☐	6b. BUN ..... ☐☐☐ mg/dL			

7. URINE TESTS

Not done/ Not collected ☐

	negative	trace	1+	2+	3+	4+	Severity Grade If applicable	AE Log Page #	Not reportable as an AE
7a. Protein	☐	☐	☐	☐	☐	☐	☐	☐☐☐	OR ☐
7b. Glucose	☐	☐	☐	☐	☐	☐			

7c. Phosphate: ..... ☐☐☐.☐ *mg/dL*

7d. Creatinine: ..... ☐☐☐.☐ *mg/dL*

Comments: _____

_____

_____

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Staff Initials / Date

Follow-up Laboratory Results (FLR-2)

Alternate Collection Date: This date is to be completed ONLY if the specimen was collected after the Initial Specimen Collection Date for this same visit. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. A complete date is required.

Results Reporting

- If a specimen was collected but results are not available because the specimen was lost or damaged, line through the results box(es), provide initials and date, and write an explanation on the Comments line.
- If the site lab does not produce test results in the units used on this form, the results must be converted before the laboratory CRF is faxed to SCHARP. Refer to Study Specific Procedures (SSP) for conversion instructions.
- If the site lab does not report results to the same level of precision allowed on the CRF, record a zero (0) in the box(es) to the right of the decimal point. For example, a lab-reported hematocrit value of 30% would be recorded as 30.0%.
- It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL.
    - If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.

Severity Grade:

- If any abnormal laboratory values meet the criteria for severity grade 1 or greater, according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, record the grade in the appropriate box next to the results.
- Always compare the severity grade range to the value that was recorded on the CRF (not the lab-reported value).
- When working with calculated severity grade ranges (e.g., 1.1–1.5 times the site lab upper limit of normal), the calculated range may have more significant digits than the lab result.
    - Treat all missing digits in the lab value as zeros.
    - If the lab value falls between two calculated severity grade ranges, assign it the higher grade.
- There may be situations in which a lab value falls within a site's lab normal ranges and also within a gradable range according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*. Per the protocol-specific AE reporting requirements, report this as an AE, as appropriate, and grade it according to the *DAIDS Table*.

AE Log Page #: If the lab value is reportable as an AE, record the page number of the AE Log which is most closely associated with the abnormal lab value.

Not Reportable as an AE: Only mark this box if the lab value is gradable according to the appropriate *DAIDS Table for Grading the Severity of Adult and Pediatric Adverse Events*, but is not reportable as an AE. This includes Pre-existing Conditions and abnormal lab values that do not meet protocol-specific AE reporting requirements.

Visit Code ☐☐.☐ 1

HPTN 069 (109) SS-1 (240)

Participant ID

☐☐☐-☐☐☐☐☐-☐

Site Number Participant Number Chk

Specimen Storage—All Participants

Initial Specimen Collection Date

☐☐ ☐☐☐ ☐☐

dd *MMM* *yy*

Alternate Collection Date *dd* *MMM* *yy* **Time Collected** *(24-hr clock)* *hr* *min*

1. Plasma for storage ☐ *stored* ☐ *not stored* ☐ *not collected*

Reason not stored or not collected: _____

Alternate Collection Date *dd* *MMM* *yy* **Time Collected** *(24-hr clock)* *hr* *min*

2. Viable PBMC (for immunological testing) ☐ *stored* ☐ *not stored* ☐ *not collected* ☐ *not required*

Reason not stored or not collected: _____

Alternate Collection Date *dd* *MMM* *yy* **Time Collected** *(24-hr clock)* *hr* *min*

3. PBMC for CCR5 genotyping ☐ *stored* ☐ *not stored* ☐ *not collected* ☐ *not required*

Reason not stored or not collected: _____

Comments: _____

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01 Language

Staff Initials / Date

Specimen Storage—All Participants (SS-1)

Purpose: This form is used to document the collection and storage of specimens that will be tested at a lab other than the site local laboratory.

Initial Specimen Collection Date: Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.

Alternate Collection Date: This date is to be completed ONLY if the specimen was collected after the Initial Specimen Collection Date for this same visit. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. A complete date is required.

Item-specific Instructions:

- **Items 1–3:**
- Mark the “not stored” box if the specimen was collected as required at this visit but was not stored.
- Mark the “not collected” box if the specimen is required to be collected and stored at this visit but was not collected.
- Mark the “not required” box if a specimen is not required to be collected and stored at this visit.

Visit Code ☐☐.☐ 1

HPTN 069 (109) HTR-1 (345)

Participant ID

☐☐☐-☐☐☐☐☐-☐

Site Number Participant Number Chk

HIV Test Results

Specimen #1 Collection Date

dd *MMM* *yy*

☐☐ ☐☐☐ ☐☐

1. HIV Test Results:

Not done ☐

1a. HIV Rapid Test Kit Code ..... *kit code* ☐☐

1b. HIV Rapid: ..... *non-reactive* ☐ *reactive* ☐

Not done ☐

1c. HIV EIA Test Kit Code: ..... *kit code* ☐☐

1d. HIV EIA: ..... *non-reactive* ☐ *reactive* ☐

Specimen #2 Collection Date

dd *MMM* *yy*

☐☐ ☐☐☐ ☐☐

2. HIV Repeat Testing

Not done ☐

2a. HIV Rapid Test Kit Code: ..... *kit code* ☐☐

2b. HIV Rapid: ..... *non-reactive* ☐ *reactive* ☐

Not done ☐

2c. HIV EIA Test Kit Code: ..... *kit code* ☐☐

2d. HIV EIA: ..... *non-reactive* ☐ *reactive* ☐

3. **Final HIV Status from local confirmatory testing:** ..... *negative* ☐ *positive* ☐ *indeterminate* ☐

Comments: _____

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Staff Initials / Date

HIV Test Results (HTR-1)

General Information/Instructions: Record test results on this form as they become available from the local lab. Fax this form to SCHARP DataFax when the final test results are available and recorded.

- **Specimen Collection Dates:** Record the date that the specimen(s) was collected (NOT the date results were reported or recorded on the form) for this visit.

Item-specific Instructions:

- **Not Done:** For each test, mark either the "Not done" box or enter a test result. If the "Not done" box is marked at a visit where that test is required by the protocol, record the reason on the Comments line.
- **Items 1a and 2a:** Record the two-digit rapid test code from the table below.

Rapid Test Kit	Code
OraQuick ADVANCE Rapid HIV-1/2	02
Uni-Gold Recombigen HIV	03
Reveal G-3 Rapid HIV-1	08
MultiSpot HIV-1/2 Rapid Test	09
Clearview HIV-1/2 STAT-PAK	10
Clearview COMPLETE HIV-1/2	11
INSTI HIV-1 Antibody Test	13
SURE CHECK HIV 1/2 ASSAY	14

Note: Rapid tests on oral transudate are not allowed per protocol.

If a test kit being used at your site is not listed, contact the SCHARP Project Manager for a new code.

- **Items 1c and 2c:** Record the two-digit HIV EIA test code from the table below.

HIV EIA Test Kit	Code
ARCHITECT HIV Ag/Ab Combo[35]	50
Bio-Rad GS HIV Ag/Ab Combo EIA[36]	51
Avioq HIV-1 Microelisa System[13]	52
Abbott HIV AB HIV-1/HIV-2 (rDNA) EIA[2]	53
PRISM HIV O Plus assay[27]	54
GS HIV-1/HIV-2 Plus O EIA[28]	55
ADVIA Centaur HIV 1/O/2 Enhanced ReadyPack	56
Ortho VITROS HIV-1/HIV-2	57

If a test kit being used at your site is not listed, contact the SCHARP Project Manager for a new code.

If HIV infection is suspected or confirmed during follow-up, complete a Regimen Hold/Discontinuation Log.

HPTN 069 (109) TM-1 (490)

Participant ID

☐☐☐ – ☐☐☐☐☐ – ☐

Site Number Participant Number Chk

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

→ ***Complete or update Adverse Experience 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

2h. HIV infection **NOT APPLICABLE FOR THIS PROTOCOL.**

2i. Inappropriate Enrollment **NOT APPLICABLE FOR THIS PROTOCOL.** → *End of form.*

☐ 2j. invalid ID due to duplicate screening/enrollment → ***End of form.***

☐ 2k. other, specify: _____

☐ 2l. early study closure → ***End of form.***

3. Was termination associated with an adverse experience? ..... *yes* ☐ *no* ☐ *don't know* ☐ → ***If no or don't know, end of form.***

3a. Record AE Log page: ☐☐☐ **OR** Specify: _____

Comments: _____

☐☐☐☒ 01-JUN-12

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Staff Initials / Date

Termination (TM-1)

Purpose: This form should be completed for every enrolled participant at either the scheduled exit/end of study visit or when the participant is no longer participating in the study.

General Information/Instructions: If a participant is terminated prior to completing all study regimen administration, complete a Regimen Hold/Discontinuation form.

Item-specific Instructions:

- **Item 1:** A complete date is required.
- **Item 2:** 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 2b1:** At a minimum, the month and year are required.
    - **Item 2l:** Early study closure: Only mark 2l when instructed by SCHARP.
- **Item 3a:** Record the page number of the Adverse Experience Log on which the AE was recorded. In situations where more than one AE is associated with termination, record the AE that most strongly influenced the decision to terminate. If termination is associated with a non-reportable AE, record the event on the “specify” line. If termination is associated with a reactogenicity symptom that is not documented on an AE Log, record the symptom on the “specify” line.

HPTN 069 (109) ESI-1 (489)

Participant ID

Site Number – Participant Number – Chk

End of Study Inventory

Form Completion Date

dd MMM yy

1. What is the **highest** visit code (scheduled or interim) for this participant, recorded on a form submitted via DataFax?..... *visit code* ☐☐.☐

2. How many interim visits were conducted for this participant during the study and recorded on a form submitted via DataFax?..... *# of interim visits* ☐☐☐

3. Indicate the **highest** page number submitted for this participant for each of the following forms:

		page #		*no pages submitted*
3a.	Adverse Experience Log (AE-1)	☐☐☐	**OR**	☐
3b.	Concomitant Medications Log (CM-1)	☐☐		
3c.	Pre-existing Conditions (PRE-1)	☐☐		
3d.	Social Impact Log (SIL-1)	☐☐	**OR**	☐
3e.	Regimen Hold/Discontinuation Log (RHD-1)	☐☐	**OR**	☐

Comments:_____

End of Study Inventory (ESI-1)

Purpose: This form is used to confirm that SCHARP has received all study data for a given participant.

General Information/Instructions: Complete this form once for each enrolled participant after the participant has terminated from the study (as documented by a Termination form).

Item-specific instructions:

- **Form Completion Date:** A complete date is required.
- **Item 1:** Record the highest visit code (last visit for which DataFax forms were submitted). If the participant's last visit was missed (as documented by a Missed Visit form), record the visit code of the missed visit.
- **Item 2:** Record the total number of Interim Visit DataFax forms submitted for this participant. If no Interim Visit forms were submitted for the participant, record "000" in the boxes.
- **Item 3a:** Record the highest page number of the Adverse Experience Log submitted for this participant, even if that page was marked for deletion.
- **Item 3e:** Record the highest page number of the Regimen Hold/Discontinuation Log submitted for this participant, even if that page was marked for deletion.

Visit Code ☐☐.☐ 1

HPTN 069 (109) TSS-1 (230)

Participant ID

☐☐☐-☐☐☐☐☐-☐
Site Number Participant Number Chk

Tissue Subset Specimen Storage

Initial Specimen Collection Date

☐☐ ☐☐☐ ☐☐
dd *MMM* *yy*

Alternate Collection Date *dd* *MMM* *yy* | **Time Collected** *(24-hr clock)* *hr* : *min*

	stored	not stored	not collected	not required
1. Plasma for PK	☐	☐	☐	☐

Reason not stored or not collected: _____

	stored	not stored	not collected	not required
2. PBMC for PK	☐	☐	☐	☐

Reason not stored or not collected: _____

	stored	not stored	not collected	not required
3. Rectal fluid (sponge) for PK	☐	☐	☐	☐

Reason not stored or not collected: _____

	stored	not stored	not collected	not required
4. **Rectal Tissue**				
4a. Tissue for PK	☐	☐	☐	☐

Reason not stored or not collected: _____

	stored	not stored	not collected	not required
4b. Tissue for ex-vivo HIV Challenge	☐	☐	☐	☐

Reason not stored or not collected: _____

	stored	not stored	not collected	not required
4c. Tissue for GALT	☐	☐	☐	☐

Reason not stored or not collected: _____

Comments: _____

☐ ☐ ☐ ☒ 01-JUN-12

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0 1
Language

Staff Initials / Date

Tissue Subset Specimen Storage (TSS-1)

Purpose: This form is used to document the collection and storage of specimens that will be tested at a lab other than the site local laboratory.

Initial Specimen Collection Date: Record the date that the first specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.

Alternate Collection Date: This date is to be completed ONLY if the specimen was collected after the Initial Specimen Collection Date for this same visit. A specimen collected for the same visit but on a different day should be recorded on the same form only when obtained within the same visit window. A complete date is required.

Item-specific Instructions:

- **Items 1–4:**
  - Mark the “not stored” box if the specimen was collected as required at this visit but was not stored.
  - Mark the “not collected” box if the specimen is required to be collected and stored at this visit but was not collected.
  - Mark the “not required” box if a specimen is not required to be collected and stored at this visit.

Visit Code ☐☐.☐ 1

HPTN 069 (109) TSH-1 (270)

Participant ID

☐☐☐-☐☐☐☐☐-☐

Site Number Participant Number Chk

Visit Date

☐☐ ☐☐☐ ☐☐

dd MMM yy

Tissue Subset Hair Sample Collection

1. Was hair collected successfully? ..... yes ☐ no ☐
   - If yes, go to item 2.

   1a. Reason collection was unsuccessful. *Mark all that apply.*
   - ☐ insufficient quantity of hair
   - ☐ participant declined hair collection after counseling; specify reason: _____
   - ☐ other, specify: _____

   → **End of form.**

2. Number of thatches collected at each site: scalp hair ☐☐ pubic hair ☐☐ other, specify: ☐☐ _____
   - If pubic hair or other, go to item 3.
   - If scalp hair, go to item 2a.

   2a. Location on scalp: *Mark all that apply.* occipital ☐ other, specify: ☐ _____

3. Natural hair color. *Mark only one.*
   - ☐ black ☐ brownish blonde ☐ red
   - ☐ brown ☐ reddish brown ☐ doesn't know
   - ☐ blonde ☐ reddish blonde ☐ totally gray → **Go to item 5.**

4. Any gray hair (natural color)? ..... yes ☐ no ☐ → **If no, go to item 5.**

   4a. Amount of gray hair: ..... ☐ less than half ☐ about half ☐ more than half

5. Natural hair texture. ..... *Mark only one.* ☐ completely straight ☐ wavy but not curly ☐ loose curls ☐ tight curls

6. Hair treatment in the last 3 months? ..... yes ☐ no ☐ → **If no, end of form.**

   6a. Color? ..... dd ☐☐ MMM ☐☐☐ yy ☐☐ OR not done ☐ → **If not done, go to item 6b.**

   6a1. Type of color process? ☐ permanent ☐ semi-permanent ☐ washout ☐ unknown

   6b. Highlighting? ..... dd ☐☐ MMM ☐☐☐ yy ☐☐ OR not done ☐

   6c. Bleaching? ..... dd ☐☐ MMM ☐☐☐ yy ☐☐ OR not done ☐

   6d. Permanent wave? ..... dd ☐☐ MMM ☐☐☐ yy ☐☐ OR not done ☐

   6e. Straightening with chemicals or heat? ..... dd ☐☐ MMM ☐☐☐ yy ☐☐ specify: _____ OR not done ☐

Comments: _____

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Tissue Subset Hair Sample Collection (TSH-1)

Item-specific Instructions:

- **Item 1a:** Mark “insufficient quantity of hair” if the participant’s hair was too short (< 1cm) or not enough strands (less than ~100 strands of hair) were able to be collected.
- **Item 2a:** If “other, specify” is marked, record the specific location where the scalp hair was collected. An anatomical location is not required (i.e., it is okay to record “side of head”).
- **Items 3–6:** These items are based on participant self-report. They should be answered for the type of hair sample that was collected. If a participant is unsure how to answer any of the items, tell him/her to take his/her best guess.
- **Item 6a1:**

Permanent	dye with a developer and ammonia
Semi-permanent	dye with low levels of peroxide and/or ammonia
Wash-out	shampoo, spray, or gel dye

- **Item 6e:** Record “chemicals” or “heat” on the specify line. If chemicals were used, also record the name of the chemical if it is known.