



HPTN 077 (215)

EFP-1 (250)

**Participant ID**

-      -   
Site Number Participant Number Chk

**Extended Follow up**

**Visit Date**

dd MMM yy

1. Did the participant consent to Extended follow up? yes no

<b>Extended Follow up (EFP-1)</b>
<b>Instructions:</b>
<b>Visit Date:</b> Date the participant answered question regarding extending follow up.