



HPTN 077 (215)

IS-1 (499)

Participant ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
Site Number				Participant Number					Chk

Investigator's Signature

Visit Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		MMM		yy	

I certify that I have ensured the accuracy and completeness of the data reported in the Case Report Forms for this participant.

Investigator's Full Name:

Investigator's Signature:

Date signed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
dd		MMM		yy	

Investigator's Signature (IS-1)
Instructions: