



MTN-011 (135)

SPA-1 (415)

Visit Code

Participant ID

- - -
 Protocol PTID Chk Cohort

Study Product Accountability

Form Completion Date

dd MMM yy

1. Was study product given to the participant for clinic and/or home use? *yes* *no* → *If no, go to item 2.*

1a. Date dispensed:
 dd MMM yy

1b. Number of study product applicators dispensed at this visit: *1* *2* *7* *8* *other, specify:* _____

2. Was study product returned by the participant? *yes* *no, specify:* _____ → *If no, end of form.*

2a. Date study product was returned by participant:
 dd MMM yy

2b. Number of **used** applicators returned: *used applicators returned*

2c. Number of **unused** applicators returned: *unused applicators returned*

Comments: _____

Study Product Accountability (SPA-1)	
Purpose:	This form is used to document all study product dispensation, and used and unused product returns.
General Information/ Instructions:	This form should be completed at each visit when product is dispensed.
Item-specific Instructions:	
Item 1b:	Mark the box corresponding to the total number of applicators dispensed at this visit. For example, for Group 2 female participants at Visit 6 (26.0), the "8" box should be marked (1 applicator for clinic use, 6 applicators for home use, 1 applicator extra).
Item 2:	This item must be completed when participant returns product from the previous dispensation. For some visits, dispensation and returns will occur on the same day (e.g., Group 1, Visits 3a and 3b; Group 2, Visits 3a and 3b). For other visits, product returns will be several days after dispensation (e.g., Group 1, Visits 6a and 6b; Group 2, Visits 2 and 3a). Always record product returns on the SPA-1 form which documents that dispensation. If study product was not returned, record the reason on the line provided.
Item 2a:	Record the exact day, month, and year study product was returned by the participant.