



MTN 012/IPM 010 (187)

RPD-1 (082)

Visit Code .

Participant ID

- -

Site Number Participant Number Chk

Replacement Product Dispensation

1. Replacement envelope number:

1a. Date opened:

dd MMM yy

1b. Time opened: : *24-hour clock*

hr min

2. Date replacement product dispensed by pharmacy:

dd MMM yy

3. Replacement randomization code dispensed:

Form completed by: _____
Staff Initials / Date

Form verified by: _____
Staff Initials / Date

Comments: _____

Replacement Product Dispensation (RPD-1)

Purpose: This form is used to document when replacement study product is dispensed.

General Information/Instructions: This form is faxed to SCHARP DataFax only if replacement product is dispensed to an enrolled participant.

- **Visit Code:** Record the visit code assigned to the visit. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.

Item-specific Instructions:

- **Item 1:** Record the 3-digit envelope number present on the replacement envelope assigned to this participant.
- **Item 1a:** Record the date the replacement envelope was opened. This date should match the “date assigned” recorded for this envelope on the MTN-012/IPM 010 Replacement Envelope Tracking Record
- **Item 1b:** Record the time the replacement envelope was opened. Use a 24-hour clock to record time. For example, if the randomization envelope was opened at 2:24 p.m., record 14:24. This time should match the “time assigned” recorded for this envelope on the MTN-012/IPM 010 Replacement Envelope Tracking Record.
- **Item 2:** Record the exact day, month, and year replacement study product was dispensed to this participant.
- **Item 3:** Record the participant’s replacement randomization code present on the prescription.