



MTN 012/IPM 010 (187)

SPR-1 (083)

Visit Code .

Participant ID

-  -   
Site Number Participant Number Chk

Study Product Returns

1. Was study product returned? .....  *yes*  *no, specify: \_\_\_\_\_*  **End of form.**
2. Date product was returned by participant: .....    
*dd MMM yy*
3. Number of **used** applicators returned: .....  *used applicators returned*
4. Number of **unused** applicators returned: .....  *unused applicators returned*

Comments: \_\_\_\_\_

---

## Study Product Returns (SPR-1)

**Purpose:** This form is used to document study product returns.

**General Information/Instructions:** This form should be completed once for each participant after he has completed study treatment or has been permanently discontinued from study product use.

- **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:** If study product was not returned, record the reason on the line provided.
- **Item 2:** Record the exact day, month, and year study product was returned by the participant.