



MTN 015 (143)

PRC-1 (466)

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

Participant Receipt

Form Completion Date

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

Note: Do not assign a new Participant ID. Record the Participant ID assigned by the original study site.

1. Name of receiving study site: _____

2. Name of transferring study site: _____

3. Date informed consent signed at receiving study site:

dd MMM yy

4. Did participant provide informed consent for specimen storage at receiving study site? **yes** **no** **→ If no, end of form.**

4a. Date informed consent for specimen storage signed:

dd MMM yy

Comments: _____

29-FEB-08

Language

Staff Initials / Date

Participant Receipt (PRC-1)

Purpose: Complete this form when a transferred participant has provided informed consent at the receiving study clinic/site.

General Information/Instructions: The Participant Receipt form is completed by the receiving site (the site at which the participant will be continuing his or her study visits).

For more information on Participant Transfer and Receipt, refer to the protocol, Study Specific Procedures (SSPs), and/or Manual of Operations (MOP).

Item-specific instructions:

- **Participant ID: Do not** assign a new Participant ID. Record the Participant ID assigned by the original study site.
- **Item 3:** Complete date required.
- **Item 4a:** Complete date required.