**Instructions:** Complete staff initials next to procedures completed. Do not initial for other staff members. If other staff members are not available to initial checklist items themselves, initial and date a note on the checklist documenting who completed the procedure, e.g., “done by {name}” or “done by nurse.” If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why (if not self-explanatory); initial and date this entry. If any procedures are not conducted on the date recorded above, ensure the date procedure conducted is included in the comments section.

| **Procedure** | | **Staff Initials** |
| --- | --- | --- |
|  | Confirm identity, age, and PTID. |  |
|  | Check for co-enrollment   * NOT currently or recently enrolled in another study 🡪CONTINUE. * Currently or recently enrolled in another study 🡪 STOP. Consult the PSRT regarding ongoing product use and safety considerations. |  |
|  | Explain procedures to be performed at today’s visit. |  |
|  | Review/update locator information. |  |
|  | Provide available test results from previous visit. Treat and/or refer for care as required. |  |
|  | Provide and explain all prior test results, if not already provided. |  |
|  | Conduct procedures as indicated based on reason for interim visit (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Confirm date/time of next scheduled visit. |  |
|  | Provide any other study informational materials, site contact information, and instructions to contact the site for additional information, study product and/or counseling if needed before the next visit: *[add site-specific list if desired].* |  |
|  | Provide reimbursement as needed/indicated. |  |
|  | QC to ensure chart notes and all other required visit documentation is complete. |  |
|  | Perform QC2. Review participant chart contents, paper forms and EDC data:  **eCRFs**   * Interim Visit eCRF, if more than one additional eCRF is completed at this visit   ***If indicated/applicable:***   * HIV Pre/Post-Test and HIV/STI Risk Reduction Counseling Worksheet * Protocol Counseling Worksheet * Pelvic Exam Diagrams, *if applicable* * Study Product Request Slip * STI Test Results * Syphilis Serology * HIV Test Results * Anorectal Exam * Behavioral Assessments Summary * CASI Tracking * Vital Signs * Adverse Event Summary/Log * Medical History Summary/Log (if newly reported baseline conditions) * Concomitant Medications Summary/Log * Physical Exam * Pregnancy Test Results, *if indicated* * Genital Exam * Pelvic Exam * Protocol Deviations Log * Product Hold * Social Impact Y/N * Social Impact Log * Study Termination * Discontinuation of Study Product * Participant Replacement Assessment |  |
| **Comments:** | | |
|  | | |