***Instructions****: Complete this contact log at the scheduled study exit visit or early termination visit.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Maternal Participant Name** | **Infant Participant Name** | **Permission to Contact for MTN-043/B-PROTECTED Results?** | **Permission to contact for maternal participation in future studies?** | **Permission to contact for infant participation in future studies?** | **Staff I&DS****Staff I&D** |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  |  | ❒ YES ❒ NO | ❒ YES ❒ NO | ❒ YES ❒ NO |  |