**MTN-045 (CUPID) Eligibility Confirmation Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VISIT DATE**  (DD/MMM/YYYY) |  |  | **Staff Initials & Date** |  |
|  |

***Per protocol, each member of the couple must meet all inclusion criteria, as outlined on the Male/Female Eligibility Checklist, to be eligible for inclusion in MTN-045, and both members of the couple must be willing and eligible for the couple to enroll. Record IoR/designee signature below to document final eligibility determination of the couple. For those eligible to enroll, the act of completing this form and final sign-off by designated staff is the act of enrollment into the study.***

|  |  |  |
| --- | --- | --- |
|  | | **Did this participant meet all eligibility criteria?** |
| **Female PTID** |  | 🞎 YES 🞎 NO |
| **Male PTID** |  | 🞎 YES 🞎 NO |

**Final Determination/Sign-off of Couple Eligibility to Enroll:**

*Tick the corresponding box below to indicate whether or not the couple is eligible, then sign and date to document the couple’s final eligibility determination for enrollment in MTN-045. Only staff delegated the responsibility of eligibility determination per site Delegation of Duties Log may sign for eligibility confirmation.*

🞎 Couple Eligible🞎 Couple Not Eligible

**IoR (or designee) Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_

**Date:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_/ \_\_\_ \_\_\_

**Time:** \_\_\_ \_\_\_: \_\_\_ \_\_\_