**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** | **Comments:** |
| --- | --- | --- | --- |
|  | Confirm identity and PTID |  |  |
|  | 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. |  |  |
|  | Log into Medidata Rave database, and select the appropriate PTID. Begin visit by opening the applicable Visit folder. |  |  |
|  | ***If indicated,*** administer and document HIV pre-testing and HIV/STI risk reduction counseling using the **HIV Pre/Post Test and Risk Reduction Counseling Worksheet**. |  |  |
|  | ***If indicated,*** collect urine and perform tests/send to lab for NAAT for GC/CT and/or Dipstick urinalysis/culture per site SOP. |  |  |
|  | ***If indicated****,* Collect the following amounts of blood and send to lab for testing:   * Creatinine, AST and ALT * [X] mL [color] top [additive/no additive] tube * CBC with platelets and differentials * [X] mL [color] top [additive/no additive] tube * HIV-1/2 * [X] mL [color] top [additive/no additive] tube * Syphilis serology * [X] mL [color] top [additive/no additive] tube |  |  |
|  | Review participant’s baseline medical history and current medications, to verify and/or update all information recorded at previous visit. Assess/document any adverse events. Document all updates as needed on:   * **Relevant source documents** * **Concomitant Medications Log CRF** * **AE Summary/ Log CRFs** |  |  |
|  | ***If indicated,*** perform a targeted physical exam and complete the **Vital Signs CRF** and **Physical Exam CRF.** |  |  |
|  | ***If indicated,*** collect pharyngeal sample for NAAT for GC/CT and send to lab. |  |  |
|  | ***If indicated***, perform and document the following per the **Genital Exam Checklist.**   * Rectal exam * Male genital exam * **FOR FEMALES:** Pelvic Exam |  |  |
|  | ***If indicated,*** provide HIV test results in the context of post-test counseling and document on **HIV Pre/Post Test and HIV/STI Risk Reduction Counseling Worksheet.** Provide referrals if needed/requested per site SOPs.   * If negative 🡪 UNINFECTED 🡪 CONTINUE. * If positive or indeterminate 🡪 STOP. Perform HIV confirmation test actions per HIV testing algorithm to determine eligibility   Document test results on **HIV Test Results CRF.** |  |  |
|  | Evaluate findings and assess for AEs identified during genital, rectal and physical examinations (if done) and medical history review. Document in chart notes and update/complete **Concomitant Medications Log** **CRFs** and **AE Log** **CRFs**, as applicable. |  |  |
|  | Provide and explain all available findings and results to participant. Treat and/or refer for care as required (includes treatment for RTI, UTI, or STI(s), ***if indicated***). |  |  |
|  | ***If indicated,*** conduct protocol counseling with participant and document on **Protocol Counseling Worksheet**. Offer Study Adherence Guide hand-out. |  |  |
|  | Complete the **Study Discontinuation CRF** and complete permission to contact or [site specific log]. As indicated per protocol, arrange future contact for follow-up on ongoing AEs. |  |  |
|  | Complete the **Follow-up Visit Y/N** and **Follow-up Visit Summary** **CRFs.** |  |  |
|  | Perform QC1 review while participant is still present, review the following for completion and clear documentation:   * Visit checklist and genital exam checklist to ensure all required procedures were completed * **AE Log** and **Concomitant Medications Log CRFs** to ensure all medications and AEs are captured consistently and updated. * **Chart notes** to ensure complete and accurate |  |  |
|  | ***If indicated,*** Confirm/schedule next visit. |  |  |
|  | Provide any other study informational materials, male condoms (as needed), site contact information, and instructions to contact the site for additional information and/or counseling if needed: *[add site-specific list if desired]* |  |  |
|  | Provide Reimbursement |  |  |
|  | Perform QC2 review. Review participant chart contents and EDC data:  Required CRFs,   * Follow-up Visit Y/N / Summary * Study Discontinuation   *if indicated/applicable* Hematology   * Adverse Events Summary/ Log * Baseline Medical History Summary/ Log * Concomitant Medications Summary/ Log * Local Laboratory Results * Hematology * Vital Signs * Physical Exam * HIV Test Results * STI Tests * Pregnancy Test Results * Pelvic Exam (for females) * Anorectal Exam   Paper Forms *(ALL if indicated/if applicable)*   * Protocol Counseling Worksheet * HIV Pre/Post Test and HIV/STI Risk Reduction Counseling Worksheet * Pelvic Exam Diagrams (for females) |  |  |