| **Transfer Checklist (Receiving Site)** | | | |
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| **Procedure** | | **Staff Initials and Date** | **Comments** |
| ***Prior to the visit:*** | | | |
| 1 | **Discuss and agree upon logistical details of the transfer with the transferring site** (e.g. next target visit date, special needs of participant, ongoing AEs, language fluency, participant’s new contact information and location, transport needs/directions to receiving site, etc.). |  |  |
| 2 | **Confirm receipt of written permission to receive copies of the participant study records.** *(NOTE: If the participant has already moved, this may be accomplished by the transferring site faxing the release to the receiving site for completion by the participant.)* |  |  |
| 3 | **Confirm receipt of certified copies of the participant paper study records from the transferring site.** |  |  |
| 4 | If applicable, confirm receipt from behavioral team at transferring site of memo describing participant’s qualitative involvement to date and any associated documentation, as specified in written guidance from the QMT. |  |  |
| 5 | **Confirm that participant casebook is accessible to receiving site within the MTN-034 RAVE clinical database.** |  |  |
| 6 | **Schedule the participant for her next applicable visit at the receiving site.** *Note: The participant’s original PTID and follow-up visit schedule will remain unchanged. In consultation with the QMT, confirm date of next SIDI, if applicable.* |  |  |
| ***As part of the participant’s first scheduled visit at the receiving site, complete the following additional procedures:*** | | | |
| 7 | **Reconsent the participant using the current version of applicable consents from the receiving site:**   * **Screening and Enrollment Informed Consent (required)** * Specimen Storage Consent (if applicable) * Other as needed (site to add if applicable)\*   \**Note: If participant is a minor, please consult the MTN-034/REACH Management for further guidance on how to obtain parental parental/guardian permission.* |  |  |
| 8 | **Add the participant to the receiving site PTID-name link log** (attach NTF with this information) |  |  |
| 9 | **Complete the Participant Receipt eCRF** |  |  |
| 10 | **If applicable, (i.e. in periods 1 and 2, and if participant chooses product during period 3):** Authorized prescriber to complete MTN-034 prescription. |  |  |