**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:** |
|  |