**Protocol Safety Physician Receiving Initial Call:**

**Date of Initial Call (dd-MMM-yy):**

**Time/Time Zone of Initial Call:**

**Site Caller: Site:**

**Phone Number of Caller: Any Alternate Number:**

**Email Address of Caller:**

**PTID: Participant Age (in years):**

**Current study product administration:** □ No change

□ Permanently discontinued

□ Not applicable

**Date of most recent participant assessment (dd-MMM-yy):**

**Reason for call/input sought by caller from MTN Protocol Safety Physician:**

**Date of last reported product use prior to discontinuation (per participant report):**

**Responding MTN Protocol Safety Physician (if different from above):**

**Date (dd-MMM-yy) if different from above:**

**Time/Time Zone if different from above:**

**MTN Protocol Safety Physician Response:**