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

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

***Per protocol, each member of the couple must meet all the 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. The act of completing this checklist 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 Sign-off of Participant Eligibility to Enroll:**

*FOR PARTICIPANTS DEEMED ELIGIBLE TO ENROLL IN MTN-045, sign and date below to confirm final determination of eligibility. Only staff delegated the responsibility of eligibility determination per site Delegation of Duties Log may sign for eligibility confirmation.*

**ELIGBILITY CONFIRMATION**

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

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

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