

MATRIX-002 Prescription

Instructions:

- All entries must be made in blue or black ink.
- Once the form is completed and verified, make a certified copy.
 - the original form goes to the pharmacy, the copy is filed in the participant chart
- A separate prescription is used:
 - at each vaginal film insertion visit (V2 and V6) for original dispensing of three vaginal films
 - if a film needs to be replaced (i.e., a needed film falls on floor)

<i>Clinic Staff to Complete this section</i>	
Participant ID (PTID):	Randomization Number:
Did the participant provide written informed consent for enrollment into MATRIX-002? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Clinic Staff Initials: _____	
CHECK ONE:	
<input type="checkbox"/> V2: Enrollment Visit (1 st Film Insertion Visit)	<input type="checkbox"/> V6: Week 4 Visit (2 nd Film Insertion Visit)
CHECK ONE based on the MATRIX-002 Randomization Sheet assigned for this PTID; indicate quantity to be dispensed:	
<input type="checkbox"/> FILM A – Quantity: _____	<input type="checkbox"/> FILM B – Quantity: _____
CHECK ONE:	
<input type="checkbox"/> Original (3) films	<input type="checkbox"/> Replacement film(s)
Authorized Prescriber Name (please print):	
Authorized Prescriber Signature:	
Date:	

<i>Pharmacy Staff to complete this section</i>
Pharmacist verified randomization assignment by reviewing the assignment listed on the MATRIX-002 Randomization Sheet assigned to this PTID
Pharmacy Staff Initials: _____
MATRIX-002 Pharmacy Instructions: Dispense vaginal film(s) as indicated only after verifying randomization assignment above.
Pharmacist Name (please print):
Pharmacist Signature:
Date: