

Sexual Partner ICF

01	Sexual Partner PTID:	_____
02	Date Sexual Partner signed the ICF:	___ / ___ / _____ (dd/mm/yyyy)
03	IRB approved ICF version:  According to site consent process.	_____
04	IRB approved ICF version date:  According to site consent process.	___ / ___ / _____ (dd/mm/yyyy)

CRF Completed By: _____ (initials)

CRF Completion Date: ___ / ___ / _____ (dd/mm/yyyy)