**Checklist Instructions:** Enter your own initials next to the procedure(s) you completed. Do not initial for other staff members. 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 procedure is not conducted on the visit date recorded above, ensure the date the procedure was conducted is included.

# RED TEXT = OpenClinica Instrument (direct data entry unless otherwise specified in site Source Document SOP) GREEN TEXT = MATRIX-001 Tool/Document [HIGHLIGHTS = sites to include or delete text/row as applicable]

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| **PROCEDURE** | | | **Initials** |
|  | [sites: Add Enrollment Consent and associated documents (ICCA, coversheet, consent  addendums, etc.) if IRB/IEC requires two separate consents, including 2nd verifier of ICF | ] |  |
| Confirm Enrollment Visit is within 8 weeks of Screening Visit | | |  |
| Confirm participant identity and PTID, *per site SOP* | | |  |
| Review/update locator information, *per site SOP* | | |  |
| Confirm participant (by self-report) is not having menses-like bleeding today  *NOTE: If bleeding, reschedule enrollment after cessation of menses and within 8 weeks of screening* | | |  |
| Review elements of informed consent. | | |  |
| Confirm participant is still willing to participate | | |  |
| Review/Provide Screening lab results  *Note: Verify/document on Screening Visit Checklist* | | |  |
| Assess eligibility using the ELIGIBILITY CHECKLIST and complete ELIGIBILITY CRF | | |  |
| Log into OpenClinica and select the appropriate PTID | | |  |
| Review/update medical and menstrual history by completing updating MEDICAL AND MENSTRUAL HISTORY, including assessment for current RTI/STI/UTI symptoms. Provide  treatment if indicated | | |  |
| Review/update PRE-EXISTING CONDITIONS LOG | | |  |
| Review/update CONCOMITANT MEDICATION LOG | | |  |
| Administer BASELINE BEHAVIORAL QUESTIONNAIRE[BEH] CRF | | |  |
| Administer BASELINE ACCEPTABLILITY [BL] CRF Baseline acceptability | | |  |
| Explain procedures to be performed at today’s visit | | |  |
| Check vital signs and weight. Perform directed physical exam, *only if indicated or per local standard of care*. Record on VITAL SIGNS AND PHYSICAL EXAM FORM  *Note: document reason for performing PE in chart note* | | |  |
| Collect urine sample (15-60 mL) and perform:   * perform pregnancy test (required) * dipstick urinalysis per site SOP, *only if indicated and/or per local SOC* * urine culture per site SOP, *only if indicated and/or per local SOC*   Document result(s) on [add site specific form] | | |  |
| Perform HIV Pre-test Counseling using MATRIX-001 PROTOCOL COUNSELING GUIDE &  WORKSHEET | | |  |
| Collect Blood [site may add collection order/tubes/volumes per site’s standards]:   * Plasma Archive [10 mL EDTA tube] * HIV [*or saliva test if approved*] | | |  |
| Provide Biopsy procedural counseling per MATRIX-001 PROTOCOL COUNSELING GUIDE &  WORKSHEET | | |  |

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| **PROCEDURE** | **Initials** |
| Perform external genital exam and pelvic exam. Collect genital samples with speculum in place in the following order:   * GC/CT/TV NAAT test\* * NSS/KOH wet mount for candidiasis and/or BV\* * Vaginal pH/Gram stain * CVF for PD Anti-HIV * CVF for PD Anti-HSV2 * PSA * CVL for secreted soluble markers * BXV for IHC * BXC for HIV (EVMS SITE ONLY)   \*as indicated or per local standard of care; document reason for performing in chart note  Record on PELVIC EXAM FORM |  |
| Complete SPECIMEN STORAGE FORM |  |
| Provide HIV post-test counseling and HIV/STI risk reduction counseling using MATRIX-001  PROTOCOL COUNSELING GUIDE & WORKSHEET |  |
| Confirm eligibility from above assessments. IoR/designee(s) to review and sign enrollment  ELIGIBLITY CRITERIA |  |
| Counseling per MATRIX-001 PROTOCOL COUNSELING GUIDE & WORKSHEET:   * Protocol counseling * Contraceptive counseling for participants of childbearing potential^ * Post Biopsy counseling * Offer male condoms   *^Provide referrals if needed/ requested per site SOP/detail in chart notes* |  |
| [Include for sites who do not have separate/sociobehavioral staff who consistently administer behavioral assessments   * Behavioral assessment performed by separate staff than staff conducting counseling * Not feasible to have separate staff members perform behavioral assessment and counseling at this visit/contact   *NOTE: Staff performing behavioral assessments should be listed on DOD Log*] |  |
| Complete POC TESTS/LAB RESULTS if indicated |  |
| Complete VISIT SUMMARY |  |
| Provide reimbursement [sites may add details] |  |
| Perform QC1 review while participant is still present, including:   * Visit checklist to ensure all relevant procedures were completed during the visit |  |
| Document visit in a detailed chart note |  |
| Schedule next visit/contact  Enter V2 date into MATRIX-001 PARTICIPANT VISIT CALENDAR TOOL to calculate V3 date  *[NOTE: If off-site visit is anticipated, site must ensure participant consented to off-site visits in advance of visit; include*  *details in chart note]* |  |
| Provide any other study informational materials, site contact information, and instructions to  contact the site for additional information and/or counseling if needed before the next visit |  |
| Perform QC2 review, including OpenClinica and paper forms: |  |

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| **PROCEDURE** | **Initials** |
| * Evaluate findings identified during genital, pelvic and/or physical examinations and medical history review. Document in chart notes and update PRE-EXISTING CONDITIONS LOG and CONCOMITANT MEDICATIONS LOG, if applicable. * Review chart notes to ensure completeness and accuracy |  |

Comments: