**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 = REDCap Instrument (direct data entry unless otherwise specified in site Source Document SOP)

GREEN TEXT = MATRIX-003 Tool/Document [HIGHLIGHTS = sites to include or delete text/row as applicable]

| **PROCEDURE** | **Initials** |
| --- | --- |
| Confirm participant identity, per site SOP and PTID |  |
| Confirm visit is within window period (7 to 21 day period of no Ring use), *per SSP* |  |
| Inquire about bleeding; ideally V6 is scheduled when participant is not menstruating |  |
| Explain procedures to be performed at today’s visit |  |
| Confirm participant understanding and willingness to continue participation   * Participant understands and is willing to continue participation * Participant does not understand and/or is not willing to continue participation → STOP   and include details in chart note |  |
| Review/Provide lab results for V5: *Verify/document on V5 Visit Checklist* |  |
| Review/update locator information, *per site SOP* |  |
| Log into REDCap and select the appropriate PTID |  |
| Review/update UPDATED MEDICAL AND MENSTRUAL HISTORY, including assessment for current RTI/STI/UTI symptoms and social harms. If applicable, record social harms on SOCIAL HARMS AND BENEFITS ASSESSMENT LOG CRF. |  |
| Review/update CONCOMITANT MEDICATION LOG |  |
| 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-003 PROTOCOL COUNSELING GUIDE & WORKSHEET |  |
| [sites with CLIA certification: Have participant collect sample and perform HIV Saliva test  Document result on site specific form] |  |
| Collect Blood [site may add collection order/tubes/volumes per site’s standards]:   * HIV [*not required if HIV saliva test done*] * CBC\* * Serum creatinine\* * AST/ALT\*   \*as indicated or per local standard of care; document reason for performing in chart note |  |
| Perform symptom directed physical exam, *only if indicated or per local standard of care*. Record on PRN SYMPTOM-DIRECTED PHYSICAL EXAM  Review exam findings with participant  *Note: document reason for performing PE in chart note* |  |
| Perform external genital exam and pelvic exam. Collect genital samples with speculum in place in the following order:   * Vaginal pH * Vaginal Gram stain x 2 * Vaginal swab(s) for microbiota x 2 POLY * GC/CT/TV NAAT test\* * NSS/KOH wet mount for candidiasis and/or BV\* * Vaginal swab(s) for microbiota x 2 CALG   \*as indicated or per local standard of care; document reason for performing in chart note  Record on PELVIC EXAM. Review exam findings with participant. |  |
| Complete SPECIMEN STORAGE |  |
| Review/provide test results and findings to participant.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Required** | **Test result** | **Provided by** | **Date** | **Note** | | x | HIV |  |  | *If positive result, participant is ineligible* | | x | Pregnancy |  |  | |  | GC/CT/TV\* |  |  | *If positive result, see below/refer to protocol* | |  | Other: |  |  | |  | Other: |  |  |   *NOTE: Treat or prescribe treatment for RTI/UTI/STI if indicated and per local standard of care. Provide referrals if needed. Detail in chart notes. \*Result will not be available prior to Randomization* |  |
| **RING INSERTION** (only after above assessments have been completed and confirmed) | |
| Provide/review RING USE INSTRUCTIONS with participant |  |
| Confirm randomization (ring) sequence from V2 |  |
| Complete MATRIX-003 PRESCRIPTION for assigned ring. |  |
| Obtain ring from pharmacy |  |
| After washing and drying hands, have participant remove ring from package in front of clinician. Clinician to visually inspect ring. |  |
| IVR Insertion. Provide assigned ring to participant. The same ring is used for multiple attempts.   * IVR inserted on 1st self-insertion attempt * IVR inserted on 2nd self-insertion attempt * IVR inserted by clinician |  |
| Perform digital exam to check IVR placement.  *Note: The participant should be asked to walk around the room to assess comfort. If needed, the digital exam may be repeated.* |  |
| RING INSERTION TIME: |  |
| Provide opaque bag from pharmacy to store ring if removed/expelled and copy of RING USE INSTRUCTIONS to participant for home use if needed. |  |
| Administer Post-insertion ACCEPTABILITY assessment [FU1] CRF |  |
| Complete CLINICIAN-COMPLETED OBSERVATION: INSERTION [COI] CRF |  |
| Assess for AEs.  Document on ADVERSE EVENT LOG if applicable |  |
| Counseling per MATRIX-003 PROTOCOL COUNSELING GUIDE & WORKSHEET:   * Protocol counseling * Contraceptive counseling for participants of childbearing potential^ * HIV post-test counseling * HIV/STI risk reduction counseling^ * Counseling on vaginal activity restrictions * Product Use counseling   *^Provide referrals if needed/requested per site SOP/detail in chart notes* |  |
| Complete HIV, STI and Urine Test Results |  |
| Complete HEMATOLOGY AND CHEMISTRY Results, if applicable |  |
| 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, including details of ring insertion |  |
| Schedule next visit/contact  Enter V6 date into MATRIX-003 Participant Visit Calendar Tool to calculate V7-V9 dates  *[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]* |  |
| As applicable, 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 REDCap and paper forms |  |

Comments: