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| **MATRIX-001 Prescription** |
| **Instructions:** * All entries must be made in blue or black ink.
* Once the form is completed and verified, make a copy.
	+ The original form stays with pharmacy, the copy is filed in the participant chart.
* A separate prescription is used:
* at each vaginal insert self- insertion visit (V3, 5 and V6) for original dispensing of vaginal inserts
* if an insert needs replaced (i.e. a needed insert falls on floor)
 |
|  |
| ***Clinic Staff to Complete this section***  |
| Participant ID (PTID): |  |
| Did the participant provide written informed consent for enrollment into MATRIX-001? [ ]  YES [ ]  NO*\*only required at Randomization* | Clinic Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_ |
| CHECK ONE: |  |
| [ ]  **V3:** Randomization Visit (1st Self- Insert and daily doses 2-3 for at home self- insertion); Total 3[ ]  **V5:** Start of Phase 2 (4st Self- Insert); Total 1 | [ ]  **V6:** Alternate day dosing (5th self-insert and alternate day doses 6-10 for at home self-insertion); Total 6[ ]  Replacement insert(s) |
| [ ]  HOLD; Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Permanent Discontinuation; Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Participant Decline; Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  RESUME  | Pharmacy: DO NOT dispense further insertsPharmacy: DO NOT dispense further insertsPharmacy: DO NOT dispense further inserts |
| For this PTID, indicate the quantity of inserts to be dispensed: [ ]  Study Insert(s)– Quantity: \_\_\_\_\_\_  |
| Authorized Prescriber Name (please print): |  |
| Authorized Prescriber Signature:  |  |
| Date:  |  |
| ***Pharmacy Staff to complete this section*** |
| Pharmacist verified randomization assignment fromthe screenshot/print out of OpenClinica randomization assignment (includes PTID and insert assignment on same page) provided by clinic staff  | Pharmacy Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **MATRIX-001 Pharmacy Instructions:** **Dispense vaginal insert(s) as indicated above only after verifying randomization assignment above.** Record dispensing on site accountability log. |
| Pharmacist Name (please print): |  |
| Pharmacist Signature:  |  |
| Date: |  |