

## MATRIX-003 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 or new prescription is used:
  - at each vaginal ring insertion visit (V2 and V6)
  - if a vaginal ring needs to be replaced (i.e., ring falls on floor)

<b>Clinic Staff to Complete this section</b>	
Participant ID (PTID):	Randomization Number:
Did the participant provide written informed consent for enrollment into MATRIX-003? <input type="checkbox"/> YES <input type="checkbox"/> NO Clinic Staff Initials: _____	
CHECK ONE: <input type="checkbox"/> V2: Enrollment Visit, Stage 1 (1 <sup>st</sup> Ring Insertion Visit) <input type="checkbox"/> V6: Stage 2 (2 <sup>nd</sup> Ring Insertion Visit) <input type="checkbox"/> Replacement Ring, Other Visit (specify): _____	
CHECK ONE (based on the MATRIX-003 Participant Randomization Assignment Record); ring to be dispensed for this PTID <u>at this visit</u> : <input type="checkbox"/> Ring A <input type="checkbox"/> Ring B	
CHECK ONE: <input type="checkbox"/> Original Ring <input type="checkbox"/> Replacement Ring	
Authorized Prescriber Name (please print):	
Authorized Prescriber Signature:	
Date:	

<b>Pharmacy Staff to complete this section</b>
Pharmacist verified randomization assignment by reviewing the assignment listed on the MATRIX-003 Participant Randomization Assignment Record for this PTID Pharmacy Staff Initials: _____
<b>MATRIX-003 Pharmacy Instructions:</b> <b>Dispense vaginal ring as indicated only after verifying randomization assignment above.</b>
Pharmacist Name (please print):
Pharmacist Signature:
Date: