Participant Disposition [Complete when participant is exiting study]

01	Status of participant	☐ Did not enroll ☐ Enrolled but did not complete study *(answer 01a)* ☐ Enrolled and completed all study visits *(answer 01a)*
02	Date of Study exit:	__ __ / __ __ / __ __ __ __ (dd/mm/yyyy)
03	Primary reason for completion/discontinuation:	☐ Scheduled exit visit/end of study ☐ Participant did not meet all eligibility criteria (*answer 03a)* ☐ Participant did not enroll within 45 days of screening ☐ Participant refused further participation/Participant is unwilling or unable to comply with required study procedures ☐ Participant refused further study product use ☐ Lost to follow-up ☐ Investigator decision ☐ Early study closure ☐ Study terminated by sponsor ☐ Protocol deviation ☐ AE/SAE *(answer 03c)* ☐ Product Hold/Discontinuation *(Complete Product Hold/Discontinuation form)* ☐ Other *(answer 03d)*

01a. Complete if participant enrolled in study, regardless of completion status:

Is this participant evaluable? *Per protocol, "evaluable" is defined as having completed V5.*	☐ Yes ☐ No

03a. Complete if primary reason for completion/discontinuation is "Participant did not meet all eligibility criteria":

Which eligibility criteria prevented the participant from enrolling? *Mark all that apply.*	☐ Inclusion criteria *(answer 03b-1)* ☐ Exclusion criteria *(answer 03b-2)*

03b-1. Complete if the eligibility criteria that prevented the participant from enrolling was "Inclusion criteria":

Mark one primary reason the participant did not meet the inclusion criteria:

Based on Protocol v1.0 dated 29JUN2023..

☐ Not aged 18-45 y/o
☐ Not assigned female sex at birth
☐ Did not provide consent
☐ Inadequate locator information
☐ Not able/willing to comply with protocol requirement: sex and vaginal product restrictions
☐ Not able/willing to refrain from participation in other research studies for the duration of the study
☐ Not able/wiling to respond to scheduled phone/short message service contacts, or attend all clinic follow-up visits.
☐ Not HIV-uninfected
☐ Not abstinent nor in monogamous relationship, or has a partner with HIV or STI
☐ Positive urine pregnancy test
☐ Could not provide documentation of a Grade 0 Pap smear within the past 3 years (if over age 21), or required treatment for pap smear at screening
☐ Not protected from pregnancy, or not on an effective contraceptive method

If there is a secondary reason the participant did not meet inclusion criteria, specify:	_____

Participant Disposition (continued)

03b-2. Complete if the eligibility criteria that prevented the participant from enrolling was "Exclusion criteria":

Mark one primary reason the participant did not meet the exclusion criteria:

Based on Protocol v1.0 dated 29JUN2023.

- ☐ Participant intends to become pregnant
- ☐ Participant intends to breastfeed
- ☐ Participant intends to relocate from study site
- ☐ Participant intends to travel during study period and would interfere with participation
- ☐ HIV + at screen or enrollment
- ☐ STI at screening AND past 12 months
- ☐ UTI, PID, or RTI at enrollment
- ☐ Grade 2 or higher pelvic exam finding at enrollment
- ☐ Known study product adverse reaction
- ☐ Hysterectomy
- ☐ Pelvic surgical procedures within 21 days of enrollment
- ☐ Use of diaphragm, NuvaRing, or spermicide in two weeks prior to screening
- ☐ Antibiotic, steroid, or antifungal (oral or intravaginal) therapy within 14 days of Enrollment
- ☐ Prior use of PEP or PrEP in the 4 weeks, or any prior use of long-acting systemic PrEP ever
- ☐ Use of non-therapuetic drugs in past 12 months as defined in the protocol
- ☐ Significant uncontrolled active or chronic issue at screening or enrollment as determined by IoR/Desginee
- ☐ Grade 2 or higher AST
- ☐ Grade 2 or higher ALT
- ☐ Grade 2 or higher Creatinine
- ☐ Grade 2 or higher hemoglobin
- ☐ Any other condition per IoR precluding informed consent or safe study participation

If there is a secondary reason the participant did not meet exclusion criteria, specify:	_____

03c. Complete if primary reason for completion/discontinuation is "AE/SAE":

If "AE/SAE" indicate applicable adverse event term/description:	_____

03d. Complete if primary reason for completion/discontinuation is "Other":

If "Other" specify:	_____

04	Document additional relevant details:

CRF Completed By: _____ (initials)

CRF Completion Date: __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)