

Study Product Hold/Discontinuation [PRN]

01	Date of Product Hold/Discontinuation:	__ / __ / ____ (dd/mm/yyyy)
02	Why is study product being held/discontinued:	<input type="checkbox"/> Investigator decision <input type="checkbox"/> Reactive HIV test <input type="checkbox"/> Pregnancy or breastfeeding <input type="checkbox"/> Allergic reaction to study product <input type="checkbox"/> Grade 3 Related or Grade 4 AE <input type="checkbox"/> Use of or need for PrEP or PEP <input type="checkbox"/> Use of Non-therapeutic drugs <input type="checkbox"/> Other, specify (<i>answer 02a</i>)

!02a. Complete only if study product being held/discontinued was marked "Other, specify":

Other reason product is being held/discontinued:

03	Date study product last inserted:	__ / __ / ____ (dd/mm/yyyy)
04	Was PSRT Query form completed? <i>! Only required for IoR initiated product holds.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
05	Was study product resumed?	<input type="checkbox"/> Yes (<i>answer 05a</i>) <input type="checkbox"/> No

!05a. Complete only if study product resumed:

Date the participant resumed study product use? _____ (dd/mm/yyyy)

CRF Completed By: _____ (initials)

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