Letter of Amendment # 1 to:

HPTN 077: A Phase IIa Study to Evaluate the Safety, Tolerability and Pharmacokinetics of the Investigational Injectable HIV Integrase Inhibitor, GSK1265744, in HIV-uninfected Men and Women, Version 1.0, May 1, 2014, DAIDS Document ID: 11964, IND # 122,744

Final Version of LoA # 1: 14 July 2014

The following information impacts the HPTN 077 study and must be forwarded to all responsible Institutional Review Boards (IRBs)/Ethics Committees (ECs) as soon as possible for their information and review. This Letter of Amendment must be approved by all responsible IRBs/ECs before implementation, as well as prior to any participant being screened and enrolled in to the study.

The following information impacts the sample informed consents. Your IRB/EC will be responsible for determining the process of informing subjects of the contents of this letter of amendment (LoA).

Upon receiving final IRB and any other applicable Regulatory Entity (RE) approval(s) for this LoA, sites should implement the LoA upon approval of site-specific study activation as issued by the HPTN Leadership and Operations Office (LOC), or immediately if HPTN LOC activation has already been approved. Sites are still required to submit an LoA registration packet to the DAIDS Protocol Registration Office (PRO) at the Regulatory Support Center (RSC). Sites will receive a registration notification for the LoA once the DAIDS PRO verifies that all the required LoA registration documents have been received and are complete. A copy of the LoA registration notification along with this letter and any IRB correspondence should be retained in the site's regulatory files.

If the full HPTN 077 protocol is amended in the future, this Letter of Amendment will be incorporated into the next version.

For ease of reading, the following revisions, as well as the corresponding modifications, are listed below in the order in which they appear in the protocol to the extent possible. The summary of revisions appears first followed by the modifications.

Summary of Revisions and Rationale

1. The Title Page of the protocol has been updated to add the U.S. Food and Drug Administration (FDA) Investigational New Drug (IND) number, # 122, 744.

2. Section 3.2 (Exclusion Criteria) has been updated to add testing positive for any sexually transmitted infection (STI) at Screening. While this is implied based on the inclusion criterion for risk behavior, the protocol team believes it should be explicitly stated that testing positive for any incident STI at Screening is exclusionary.

3 a-c. Section 5.2 (Week 0 – Enrollment) has been updated as follows:
a. An acceptability baseline assessment has been added to the Enrollment visit. This was inadvertently left out of the original protocol, and is necessary for assessing the acceptability of the oral study product.
b. US sites are allowed to perform entry rectal swabs for GC/CT during the screening process, per the Investigator of Record or their designee, if they choose to use those as part of their low-risk entry criteria. Non-US sites do not have this option, as shipping to the HPTN Laboratory Center would preclude real-time utility. If rectal STI testing is implemented at screening, positive results will be considered

exclusionary for protocol entry. If they are performed at enrollment, they would *not* be considered exclusionary.
c. The Pharmacogenomic sample storage at Enrollment is to be included for testing at a site's discretion, as some IRB/ECs or countries do not allow this type of genetic testing to be performed.

4. Section 5.3 (Week 2 and 4 – Oral Safety Visits) has been updated to add an acceptability follow-up assessment at Week 4. Per item 3a above, this was inadvertently left out of the original protocol, and is necessary for assessing the acceptability of the oral study product.

5. Section 15 (Procedures for Participants Who Do Not Complete the Full Course of Injections) has been updated to clarify that if a participant receives their first injection but does not receive their second injection for any reason, they will not receive the third and final injection.

6. Section 6.3 (Adverse Event Definition and Reporting) has been updated so that only Version 1.0 (December 2004 (Clarification dated August 2009)) of the DAIDS Table for Grading Adult and Pediatric Adverse Events will be used throughout the study. The same version of the Table must be maintained throughout the study for consistency of grading adverse events, even in the event that an updated Table is issued during the course of study conduct.

7a-b. Sections 9.1 and 9.2 (Local Laboratory Specimens, and Stored Specimens) have been updated to note that sample storage for Pharmacogenomic testing will be included at a site's discretion, as noted above under item #4.

8a-e. Appendices I-IV have been updated as follows:
a. Per items 3a and 3b above, Appendix I – Schedule of Procedures and Evaluations – For Participants Who Complete All Three Injections, has been updated to add acceptability assessments at Enrollment and Week 4, as well as updated Footnote 5 to state that rectal swabs may be performed at screening for US sites.
b. Per items 4 and 6a-b above, Appendix I – Schedule of Procedures and Evaluations – For Participants Who Complete All Three Injections – Footnote 14 has been updated to note that the Pharmacogenomic sample storage does not apply to sites that opt out of this testing.
c. Appendix II – Schedule of Procedures and Evaluations – For Participants Who Complete Two Injections Only", has been updated to add a CBC with differential test and chemistry testing at Week 41. These are inadvertently missing from the table, and are required safety tests.
d. Appendix III – Schedule of Procedures and Evaluations – For Participants Who Complete One Injection Only", has been updated to add a CBC with differential test and chemistry testing at Weeks 29 and 41. These are inadvertently missing from the table, and are required safety tests.
e. Appendix IV – Schedule for Additional Laboratory Procedures for Enrolled Participants who have a Reactive Positive HIV Test Results, has been updated to add HIV viral load. This test was inadvertently excluded.

9 a-g. Appendix VII (Sample Screening and Enrollment Informed Consent Form) has been updated per the relevant items above (3 a-c, 4 and 7 a-b). In addition, it has been updated to state that other studies are ongoing with the same study product and that any new risks identified in those studies will be communicated to the study participant. It also has been updated based on a suggestion from the US Food and Drug Administration (FDA) to add information regarding the half-life of the active injectable study product, and that it may persist in a person's body for up to one year following an injection. While this is implied due to the length of the study (81 weeks, with 52 weeks of follow-up after the last injection) and is presented as a long-term safety study, this fact was not explicitly stated in the original sample consent form.

All additions are in **bold** type, and all deletions appear as a ~~strike-through~~, and each are highlighted in yellow for ease of reference.

IMPLEMENTATION

Revision 1: Title Page

IND # 122,744

Revision 2: Section 3.2, Exclusion Criteria

Note: Only the first few items from the Exclusion Criteria section appear below.

Section 3.2 Exclusion Criteria

Participants who meet any of the following criteria will be excluded from this study:

- One or more reactive or positive HIV test result at Screening or Enrollment, even if HIV infection is not confirmed
- **Testing positive for any incident sexually transmitted infection on assessments performed during Screening**
- Co-enrollment in any other HIV interventional research study or other concurrent studies which may interfere with this study (as provided by self-report or other available documentation. Exceptions may be made if appropriate after consultation with the CMC.)

Revision 3 a-c: Sections 5.2, Week 0, Enrollment

Section 5.2, Week 0 - Enrollment

a. Administrative, Behavioral, and Regulatory Procedures
- Locator information
- Demographic information
- Randomization
- HIV counseling
- Offer condoms and lubricant
- Adherence counseling
- Behavioral Assessment
- **Acceptability Assessment**

b. Clinical Procedures
- Complete medical history and complete physical exam, including concomitant medications (may be performed during screening at the discretion of the Investigator of Record or their designee)
- ECG

- Blood collection (collect prior to administration of study product)
- Urine collection for urinalysis
- Urine pregnancy testing for women of reproductive potential
- Rectal swab for GC/CT testing (men and women) **(at US sites, may be performed during screening at the discretion of the Investigator of Record or their designee)**
- Provide oral drug

c. Laboratory Evaluations
- HIV testing (see SSP Manual)
- CBC with differential
- Chemistry testing (see Appendix I).
- Liver function testing (AST, ALT, total bilirubin, alkaline phosphatase)
- Fasting lipid profile (see Appendix I; participants should be fasting for at least 8 [preferably 12] hours prior to sample collection)
- Urinalysis (protein and glucose)
- GC/CT testing (rectal swab for men and women); for non-US sites, to be batched and shipped to the HPTN Laboratory Center for testing (see SSP for details). For US sites, to be performed locally.
- Plasma storage
- Sample storage for Pharmacogenomic testing (**It is at a site's discretion whether to collect and store samples for this testing. For sites that opt to do so,** ~~optional –~~ participants must provide specific consent)

Revision 4: Section 5.3, Week 2 and 4 – Oral Safety Visits

Section 5.3, Weeks 2-4 – Oral Safety Visits (Week 4 is Post-Oral Safety Visit)

Administrative, Behavioral, and Regulatory Procedures
- Locator information
- HIV counseling
- Offer condoms and lubricant
- Adherence counseling (Week 2 only)
- Returned pill count
- **Acceptability Assessment (Week 4 only)**

Revision 5: Section 5.15, Procedures for Participants Who Do Not Complete the Full Course of Injections

Participants who received the Week 5 (Injection #1) and Week 17 (Injection #2) injections but will not receive the final injection (Injection # 3) will be followed for 52 weeks after their Week 17 injection, through to Week 69. Because participants meeting these criteria received an injection at Week 5 and Week 17, the procedures for Weeks 6, 9, 13, 18, and 23 Safety Visits as outlined above and in the Schedule of Evaluations and Procedures will remain the same. Procedures for subsequent study visits for these participants are outlined in Appendix II.

Participants who received the Week 5 injection (Injection #1) and will not receive the next two injections will be followed for 52 weeks after their Week 5 injection, through to Week 57. Because participants meeting these criteria received an injection at Week 5, the procedures for Weeks 6, 9, and 13 Safety Visits as outlined above and in all Schedule of Evaluations and Procedures will remain the same. **Similarly, participants who received the first injection and missed the second injection for any reason will not receive the third injection, and will be followed for 52 weeks after their Week 5**

injection, through to Week 57. Procedures for subsequent visits for these participants are outlined in Appendix III.

Participants who are unable to receive the first injection for any reason will be terminated from the study. If the reason is due to HIV infection or pregnancy, refer to Section 5.17 and 5.19, respectively.

Revision 6: Section 6.3, Adverse Event Definition and Reporting

Study site staff will document in source documents and the appropriate CRF all AEs (Grade 1 and higher) reported by or observed in enrolled study participants regardless of severity and presumed relationship to study product. AE severity will be graded per the DAIDS Table for Grading Adult and Pediatric Adverse Events, Version 1.0, December 2004 (Clarification dated August 2009~~), or most current version~~.

Revision 7 a-b: Sections 9.1 and 9.2

Note: Only the last few items from this section are listed below

a. Section 9.1, Local Laboratory Specimens

The following types of tests will be performed at the local laboratory:
- Plasma storage
- Plasma storage for Pharmacology testing
- Sample storage for Pharmacogenomic testing (**site's may choose to opt out of this testing)**

b. Section 9.2, Stored Specimens

Pharmacogenomics

Blood samples collected for Pharmacogenomic testing will be analyzed for genetic polymorphisms associated with study drug exposure. Assays will be performed at the HPTN LC. **Sites may choose to opt out of this testing. For sites that do allow this testing,** ~~R~~**r**esults will not be returned to the sites or study participants.

Revision 8 a-e: Appendices I-IV – Schedule of Procedures and Evaluations

Note: For ease of reference, the full appendices I-IV are included below.

Appendix I: Schedule of Procedures and Evaluations – For Participants Who Complete All Three Injections

	Screening	Oral Phase			1-WEEK WASHOUT	Injection And Tail Phase Follow-up								
		Day 0 Enr	Week 2 Safety	Week 4 Post Oral Drug		Week 5 First Injection	Week 6, 9, 13 Safety	Week 17 Second Injection	Week 18, 23 Safety	Week 29 Third Injection	Week 30, 35 Safety	Week 41 Primary Endpoint	Week 53, 65, 77 Tail Phase	Week 81 Final Visit
ADMINISTRATIVE, BEHAVIORAL, REGULATORY														
Informed consent	X													
Locator information	X	X	X	X		X	X	X	X	X	X	X	X	
Demographic information		X												
Randomization		X												
HIV counseling	X	X	X	X		X	X	X	X	X	X	X	X	X
Offer condoms and lubricant	X	X	X	X		X	X	X	X	X	X	X	X	X
Acceptability assessment (Weeks 0, 4, 6, 18, 30 only)		X		X			X		X		X			
Behavioral assessment		X				X		X		X		X	X	
Adherence counseling/pill count[1]		X	X	X										
CLINICAL EVALUATIONS & PROCEDURES														
History (including bleeding history at Screening), con meds, physical exam[2]	X	X	X	X		X	X	X	X	X	X	X	X	X
ECG[3]	X	X		X			X		X		X			
Blood collection	X	X	X	X		X	X	X	X	X	X	X	X	X
Urine collection for GC/CT testing men and women[5]	X									X			X	
Urine collection for urinalysis		X										X		
Urine pregnancy testing[4]	X	X	X	X		X		X		X		X	X	X
Rectal swab for GC/CTtesting men and women[5]		X								X			X	
Vaginal swab for GC/CT testing[5] (Optional alternate collection for women if urine not used)	X									X			X	
Provide oral study drug		X												
Administer injection[6]						X		X		X				
ISR evaluation							X		X		X			
LOCAL LABORATORY EVALUATIONS & PROCEDURES														
HIV testing[7]	X	X	X	X		X	X	X	X	X	X	X	X	X

	Screening	Oral Phase			1-WEEK WASHOUT	Injection And Tail Phase Follow-up								
		Day 0 Enr	Week 2 Safety	Week 4 Post Oral Drug		Week 5 First Injection	Week 6, 9, 13 Safety	Week 17 Second Injection	Week 18, 23 Safety	Week 29 Third Injection	Week 30, 35 Safety	Week 41 Primary Endpoint	Week 53, 65, 77 Tail Phase	Week 81 Final Visit
HBV and HCV testing[8]	X													
CBC with differential	X	X	X	X		X	X	X	X	X	X	X		
Chemistry testing[9]	X	X	X	X		X	X	X	X	X	X	X		
LFTs (AST, ALT, total bilirubin, alkaline phosphatase)	X	X	X	X		X	X	X	X	X	X	X	X	X
Fasting lipid profile[10]		X										X		
Syphilis serologic testing men and women[5]	X									X			X	
Urine/ vaginal swab GC/CT testing men and women[5]	X									X			X	
Rectal swab GC/CT testing[5]		X								X			X	
Urinalysis[11]		X										X		
Plasma storage[12]	X	X	X	X		X	X	X	X	X	X	X	X	X
Plasma storage for Pharmacology testing[13]			X	X		X	X	X	X	X	X	X	X	X
Sample storage for Pharmacogenomic testing[14]		X												

FOOTNOTES FOR APPENDIX I

[1] Adherence counseling will be performed at Day 0 and Week 2; pill counts will be performed at Week 2 and 4.

[2] Targeted history and physical exam for ascertainment of eligibility at Screening, including a bleeding history at Screening; complete history and physical exam at Enrollment only; targeted history and physical exam at all other follow-up visits. Refer to the SSP Manual for procedures and evaluations included in the targeted and full physical exams. Sites may perform the complete physical exam and history required at Enrollment during Screening per the discretion of the IoR or designee.

[3] A 12-lead ECG will be performed at Screening, Enrollment, and Weeks 4, 6, 9, 23, and 35.

[4] Urine pregnancy testing is required for women of reproductive potential only. The assay used must have sensitivity of ≤25 mIU/mL βHCG. At the oral dosing visits (Day 0 and Week 2) and injection visits (Weeks 5, 17, and 29), a urine pregnancy test must be performed and pregnancy must be ruled out PRIOR to administering the study product. Urine pregnancy testing may be performed in the clinic or the laboratory. Pregnancy testing is not required if a positive result was obtained at a prior visit and the participant is still pregnant. Refer to the SSP Manual for instructions regarding follow-up of participants with a positive pregnancy test result at Weeks 2, 4, or 5; also see Section 5.19 of the protocol.

[5] Refer to the SSP Manual for details regarding STI testing. STI testing (urine and/or vaginal swab for GC/CT, syphilis testing), will be performed at Screening and Weeks 29 and 53. Rectal swabs for GC/CT will be performed at enrollment **(or for US sites, at screening per IoR discretion)** and weeks 29 and 53. For non-US sites, rectal swabs will be batched and shipped to the HPTN LC for testing (see SSP Manual); for US sites, testing will be performed locally.

[6] Administer injection with counseling, including review of prohibited medications, after confirmation of negative pregnancy and HIV testing per SSP.

[7] The HIV testing algorithm is provided in the SSP Manual. If HIV rapid testing is included in the HIV testing algorithm, this testing may be performed in the clinic or the laboratory. Participants who have one or more reactive or positive HIV test result (any assay) at Screening or Enrollment are not eligible to participate in the study, even if they are confirmed to be HIV-uninfected. Additional testing is required for participants who have a reactive or positive HIV test after Enrollment (see Appendix IV and the SSP Manual). In all cases, HIV acquisition after Enrollment must be confirmed

using two specimens collected on different dates (see SSP Manual). HIV testing does not need to be performed after confirmation of HIV infection (based on results from samples collected on two separate dates). Refer to SSP Manual for instructions regarding follow-up for participants who have a reactive or positive HIV test at Weeks 2, 4 or 5; also see Section 5.17 of the protocol.

[8]Testing for hepatitis B virus (HBV) and hepatitis C virus (HCV) includes hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (HBsAb), hepatitis B core antibody (HBcAb), and hepatitis C antibody (HCAb).

[9] Chemistry testing includes: BUN, urea, Na, K, Cl, CO_2, CPK, creatinine, total protein, glucose, calcium, phosphorous, amylase, lipase, and magnesium.

[10] The fasting lipid profile includes total cholesterol, HDL, triglycerides, and LDL (either calculated or measured). Participants should have fasted for at least 8 hours, preferably 12 hours, prior to sample collection.

[11] Urinalysis includes protein and glucose; this testing may be performed in the clinic or the laboratory. Results from urinalysis are not needed prior to enrollment.

[12] Stored plasma will be used for Quality Assurance testing at the HPTN LC and for other assessments described in Section 9.2. These assessments will be performed retrospectively; results will not be returned to study sites or participants, except as noted in Section 9.2.

[13] Plasma samples collected for Pharmacology testing at Weeks 5, 17, and 29 must be drawn PRIOR to injection of study product. Refer to the SSP Manual).

[14] Specimens will be stored at Enrollment for Pharmacogenomic testing **only at sites that opt to offer this testing** (See SSP for further details).

Appendix II: Schedule of Procedures and Evaluations – For Participants Who Complete Two Injections Only

	Injection And Tail Phase Follow-up								
	Week 5 First Injection	**Week 6, 9, 13 Safety**	**Week 17 Second Injection**	**Week 18, 23 Safety**	**Week 29 Follow Up**	**Week 41 Follow Up**	**Week 53 Follow Up**	**Week 65 Follow Up**	**Week 69 Final**
ADMINISTRATIVE, BEHAVIORAL, REGULATORY									
Locator information	X	X	X	X	X	X	X	X	
HIV counseling	X	X	X	X	X	X	X	X	X
Offer condoms and lubricant	X	X	X	X	X	X	X	X	X
Acceptability assessment (Week 6 and 18 only)		X		X					
Behavioral assessment	X		X		X	X	X	X	
CLINICAL EVALUATIONS & PROCEDURES									
History, con meds, physical exam[2]	X	X	X	X	X	X	X	X	X
ECG[3]		X		X					
Blood collection	X	X	X	X	X	X	X	X	X
Urine collection for GC/CT testing men and women[5]					X		X		
Urine pregnancy testing [4]	X		X		X	X	X	X	X
Rectal swab for GC/CT testing men and women[5]					X		X		
Vaginal swab for GC/CT testing[5] (Optional alternate collection for women if urine not used)					X		X		
Administer injection[6]	X		X						
ISR evaluation		X		X					
LOCAL LABORATORY EVALUATIONS									
HIV testing[7]	X	X	X	X	X	X	X	X	X
CBC with differential	X	X	X	X	X	X			
Chemistry testing[9]	X	X	X	X	X	X			

	Injection And Tail Phase Follow-up								
	Week 5 First Injection	**Week 6, 9, 13 Safety**	**Week 17 Second Injection**	**Week 18, 23 Safety**	**Week 29 Follow Up**	**Week 41 Follow Up**	**Week 53 Follow Up**	**Week 65 Follow Up**	**Week 69 Final**
LFTs (AST, ALT, total bilirubin, alkaline phosphatase)	X	X	X	X	X	X	X	X	X
Syphilis serologic testing men and women[5]					X		X		
Urine/vaginal swab GC/CT testing men and women[5]					X		X		
Plasma storage[12]	X	X	X	X	X	X	X	X	X
Plasma storage for Pharmacology testing[13]	X	X	X	X	X	X	X	X	X

SEE FOOTNOTES FOR APPENDIX I

Appendix III: Schedule of Procedures and Evaluations – For Participants Who Complete One Injection Only

	Injection And Tail Phase Follow-up						
	Week 5 First Injection	**Week 6, 9, 13 Safety**	**Week 17 Follow Up**	**Week 29 Follow Up**	**Week 41 Follow Up**	**Week 53 Follow Up**	**Week 57 Final Visit**
ADMINISTRATIVE, BEHAVIORAL, REGULATORY							
Locator information	X	X	X	X	X	X	X
HIV counseling	X	X	X	X	X	X	X
Offer condoms and lubricant	X	X	X	X	X	X	X
Tolerability/Acceptability Assessment (Week 6 only)		X					
Behavioral assessment	X		X	X	X	X	
CLINICAL EVALUATIONS & PROCEDURES							
History, con meds, physical exam[2]	X	X	X	X	X	X	X
ECG[3]		X					
Blood collection	X	X	X	X	X	X	X
Urine collection for GC/CT testing men and women[5]				X		X	
Urine pregnancy testing[4]	X		X	X	X	X	X
Rectal swab for GC/CT testing men and women[5]				X		X	
Vaginal swab for GC/CT testing[5] (Optional alternate collection for women if urine not used)				X		X	
Administer injection[6]	X						
ISR Evaluation		X					
LOCAL LABORATORY EVALUATIONS							
HIV testing[7]	X	X	X	X	X	X	X
CBC with differential	X	X	X	**X**	**X**		
Chemistry testing[9]	X	X	X	**X**	**X**		
LFTs (AST, ALT, total bilirubin, alkaline phosphatase)	X	X	X	X	X	X	X

	Injection And Tail Phase Follow-up						
	Week 5 First Injection	**Week 6, 9, 13 Safety**	**Week 17 Follow Up**	**Week 29 Follow Up**	**Week 41 Follow Up**	**Week 53 Follow Up**	**Week 57 Final Visit**
Syphilis serologic testing men and women[5]				X		X	
Urine/vaginal swab GC/CT testing men and women[5]				X		X	
Rectal swab GC/CT testing[5]				X		X	
Plasma storage[12]	X	X	X	X	X	X	X
Plasma storage for Pharmacology testing[13]	X	X	X	X	X	X	X

SEE FOOTNOTES FOR APPENDIX I

Appendix IV: Schedule for Additional Laboratory Procedures for Enrolled Participants who have a Reactive Positive HIV Test Result (HIV Confirmation Visit – to be performed on a different day from the initial reactive/positive sample)

	HIV Confirmation Visit
ADMININISTRATIVE, BEHAVIORAL, REGULATORY	
Locator information	X
Offer condoms and lubricant	X
HIV counseling	X
CLINICAL EVALUATIONS AND PROCEDURES	
Blood collection	X
LOCAL LABORATORY EVALUATIONS	
HIV testing[1]	X
CD4 cell count	X
HIV viral load testing	X
HIV resistance testing[2]	X[2]
Plasma storage[3]	X

[1] The HIV testing algorithm for the HIV Confirmation Visit is provided in the SSP Manual. If HIV rapid testing is included in the HIV testing algorithm, this testing may be performed in the clinic or the laboratory.

[2] Sites may collect specimens for resistance testing at a local laboratory to assist with clinical management; results from resistance testing performed at local laboratories will not be reported to the SDMC. Stored plasma may not be used real-time/local resistance testing.

[3] Stored plasma will be used for Quality Assurance testing at the HPTN LC and for other assessments described in Section 9.2. These assessments will be performed retrospectively; results will not be returned to study sites or participants, except as noted in Section 9.2.

Revision 9 a-g – Appendix VII: SAMPLE SCREENING AND ENROLLMENT INFORMED CONSENT FORM

Note: Only portions of the pertinent sections of the sample informed consent form appear below for these items.

a-c. Enrollment Visit (Week 0)

If you are eligible for this study and decide to take part in the study, you will be asked to return for the enrollment visit. This visit will last about xx hours. During the visit, the study staff will:

- Confirm where you live and how to contact you.
- Ask you some questions about yourself, like your age, and your ethnic group.
- Talk with you about HIV and ways to protect yourself from getting it.
- Give you a complete physical exam, to include measuring your height, weight, temperature, blood pressure, and ask you about any other medicines you are taking.
- Perform an ECG scan
- For women of childbearing potential: Collect ~XX mL of urine for pregnancy testing.
- Test for gonorrhea and chlamydia by using a swab of your rectum. ***[US sites opting to perform this testing at screening to remove this from here and place in screening section].***
- Collect a urine sample to see if there is sugar or protein in your urine
- Collect ~XX mL (about x teaspoons) of blood for: HIV testing, to check how much cholesterol is in your blood (a fatty substance in your blood), to check your general health, to check the health of your liver, and for storage for study-related testing and long-term storage (if you provide consent). **[Sites that are able to collect samples for Pharmcogenomic testing to add this language here:** Additionally, if you provide consent, we will use a sample of your blood to see how the drugs work in your body by looking at your genes. Information regarding the testing related to your genes is found later in this consent form.**]** For the cholesterol test, you will be instructed to not eat or drink anything other than what the study staff tell you is acceptable for 8-12 hours before your blood is drawn.
- Ask you questions about your sexual behavior.
- **Ask you questions about your opinions about taking pills and getting injections, using other products, as well as your opinions about being in a study.**
- Randomize you into one of the two study groups.
- Give you your study pills, and explain how to take them, and any side effects they may cause.
- Give you the results of your blood tests when they are available.

- Give you condoms and lubricants.

d. Weeks 2 and 4 Visits

This visit will last about xx hours. During this visit, the study staff will**:**

- Confirm where you live and how to contact you.
- Give you a brief physical exam, ask you if you have experienced any side effects from the study product, and ask you about any other medicines you are taking. During the Week 4 visit, we will also remind you about certain drugs that you should not take a week before your injection.
- Ask you to have an ECG scan (Week 4 only)
- Collect ~XX mL (about x teaspoons) of blood for HIV testing, to check your general health, the health of your liver, the amount of study product in you, and for storage for study-related testing and long-term storage (if you provide consent).
- For women of childbearing potential: Collect ~XX mL of urine for pregnancy testing.
- Talk with you about HIV and ways to protect yourself from getting it and count your pills.
- Ask you whether you have questions about taking your study pills. (Week 2 only)
- **Ask you questions about the study pills that you took (Week 4 only)**
- Give you the results of your blood tests when they are available.
- Give you condoms and lubricant.

e. **RISKS AND/OR DISCOMFORTS**

Study Medications

The drug being used in this study is currently being used in other people participating in similar studies. Those studies have reported ~~The drug used in this study may have~~ side effects **of the study drug**, such as headaches, dizziness, upset stomach, rash, liver problems, or injection site reaction (pain, irritation, skin redness, bumps, swelling, itching, bruising). Other reported ~~adverse events~~ **side effects** were nausea, stomach cramps, constipation, **and** right hand pain.

This does not include all the side effects seen with this drug. **We will update you on any new side effects that we see in this study and other on-going studies, if those side effects appear to have come from the drug.** If you have questions concerning the additional study drug side effects, please ask the medical staff at your site. It should be noted that these are the risks that are seen in HIV infected people taking these medications. It is not known if these side effects will occur as often and it could be that some of these side effects might be more or less serious in HIV uninfected people.

There is a risk of local pain, bruising, swelling and rarely, an infection may occur at the injection site (where you got the shot).

The shots you receive in this study are long acting, meaning they stay in your body for a long time. One single shot can stay in your body for up to one year. If you develop a side effect to the study drug after the shot, there will be no way to remove the drug from your body. You will be in the study for up to 81 weeks. This is so that we can monitor your health for a year after your last injection.

If you develop a symptom from these drugs while the drugs are still in your body, every effort will be made to treat the side effects. The amount of drug will decrease overtime and will eventually disappear.

f. Other Testing and Genetic Testing – only the title of this section is presented here. The following sentence has been added to appear after the title of this section: **[*Sites that are able to do this per country or IRB/EC regulations to keep this section included; otherwise, this should be removed, as well as the signature lines for it on the signature page]***

g. Signature Page

Insert signature blocks as required by the local IRB:] If you have read this consent form, or had it read and explained to you, and you understand the information, and you voluntarily agree to join the study, please sign your name or make your mark below. [***Sites to add and edit the following sentence as it pertains to your site, e.g., if you are not allowing genetic testing, then do not include the words "genetic testing" in the sentence:*** Also, please indicate by providing your initials in the spaces below the additional sample collection, genetic testing, or long-term storage that you agree to*.]*