

Appendix IIa

HPTN 083 Record of Dispensation of Participant-Specific Study Product to Non-Pharmacy Staff

CRS Name:
CRS Number:

		STUDY STAFF						COMMENTS
Date Dispensed from Pharmacy (dd-MMM-yy), and Time Prepared (hh:mm)	Pharmacy Staff Initials	PTID	Date (dd-MMM-yy) and Time (hh:mm) Collected from Pharmacy	Number of oral tablet-Bottles	Number of CAB LA/Placebo Syringes	Prepared Syringes Should be Administered by hh:mm (to correspond within 2 hours of preparation, outlined in first column)	Staff Initials	

- Instructions:**
- Complete one row each time participant-specific study products are provided to a participant
 - Comments may be recorded in the designated column and, if additional space is needed, on the back of the record or chart notes.