

Appendix Ib
HPTN 084-01 Record of Return of Participant-Specific Study Product by Non-Pharmacy Staff

CRS Name:
CRS Number:

STUDY STAFF							Clinic Staff Initials	COMMENTS
Date Returned by study staff or participant (dd-MMM-yy)	PTID	Name of the oral study product returned	Number of oral tablets returned	Number of CAB LA/ placebo syringe Returned	Staff Initials	Date returned to pharmacy by Clinic Staff (dd-MMM-yy)		

Instructions:

- Complete one row each time participant-specific study products are returned by study staff or study participants.
- Comments may be recorded in the designated column and, if additional space is needed, on the back of the record or chart notes. .