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| **MATRIX-001 Prescription** | | |
| **Instructions:**   * All entries must be made in blue or black ink. * Once the form is completed and verified, make a copy.   + The original form stays with pharmacy, the copy is filed in the participant chart. * A separate prescription is used: * at each vaginal insert self- insertion visit (V3, 5 and V6) for original dispensing of vaginal inserts * if an insert needs replaced (i.e. a needed insert falls on floor) | | |
|  | | |
| ***Clinic Staff to Complete this section*** | | |
| Participant ID (PTID): |  | |
| Did the participant provide written informed consent for enrollment into MATRIX-001?  YES  NO  *\*only required at Randomization* | Clinic Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| CHECK ONE: |  | |
| **V3:** Randomization Visit (1st Self- Insert and daily doses 2-3 for at home self- insertion); Total 3  **V5:** Start of Phase 2 (4st Self- Insert); Total 1 | **V6:** Alternate day dosing (5th self-insert and alternate day doses 6-10 for at home self-insertion); Total 6  Replacement insert(s) | |
| HOLD; Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permanent Discontinuation; Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant Decline; Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RESUME | | Pharmacy: DO NOT dispense further inserts  Pharmacy: DO NOT dispense further inserts  Pharmacy: DO NOT dispense further inserts |
| For this PTID, indicate the quantity of inserts to be dispensed:  Study Insert(s)– Quantity: \_\_\_\_\_\_ | | |
| Authorized Prescriber Name (please print): |  | |
| Authorized Prescriber Signature: |  | |
| Date: |  | |
| ***Pharmacy Staff to complete this section*** | | |
| Pharmacist verified randomization assignment from  the screenshot/print out of OpenClinica randomization assignment (includes PTID and insert assignment on same page) provided by clinic staff | Pharmacy Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **MATRIX-001 Pharmacy Instructions:**  **Dispense vaginal insert(s) as indicated above only after verifying randomization assignment above.** Record dispensing on site accountability log. | | |
| Pharmacist Name (please print): |  | |
| Pharmacist Signature: |  | |
| Date: |  | |