***Instructions:*** *Use the table below to document eligibility by* ***INITIALING*** *“yes” or “no.” All criteria must be reviewed/confirmed by IoR/designee as listed on the site’s DOD Log. If any items are not conducted on the visit date recorded above, ensure the date is included with initials. If determined ineligible, any items not yet completed may be left blank. If deemed eligible, the checklist must be completed for all items and signed prior to enrollment.*

*→Source = the source for each criterion. SITES: Carefully review the →source information on this form, update according to what will be source for your site, delete this note prior to finalizing]*

|  |  |
| --- | --- |
| **INCLUSION CRITERIA** | **Determination of Eligibility** |
| **YES** | **NO** |
| **I1** | **Identifies as a sexual partner of a MATRIX-003 participant***→Source: Sexual Partner Subset Screening Script* |  |  |
| **I2** | **Identified by participant as a sexual partner during MATRIX-003 for whom the participant has given permission to contact, as specified in site SOP***→Source: MATRIX-003 Participant V9 Checklist* |  |  |
| **I3** | **Able and willing to provide written informed consent in one of the study languages, as specified in site SOP**Note: A single, combined screening and enrollment consent will be used unless otherwise determined by the IRB/IEC*→Source: Signed informed consent form and Informed Consent Coversheet*  |  |  |
| **I4** | **Able and willing to complete the required study procedures***→Source: Signed informed consent form and Informed Consent Coversheet*  |  |  |
| **I5** | **Must be 18 years old or above at the time of their study participation, verified per site SOP***→Source: Sexual Partner Demographic (SPDEM) CRF* |  |  |

**FINAL DETERMINATION OF ELIGIBILITY:**

*Note: For the participant to be eligible, all responses to Inclusion Criteria above must be “Yes.”*

**Is participant eligible to enroll based on above Eligibility Criteria?** □ YES □ NO

**IoR/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ Time: \_\_\_ \_\_\_: \_\_\_ \_\_\_**

\*To be completed and signed by IoR or staff delegated the responsibility of eligibility determination per site Delegation of Duties Log.