MATRIX-003
Pharmacy Manual

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1 INTRODUCTION

The pharmacist at each MATRIX-003 study site, designated as the Pharmacist of Record (PoR), is the primary individual expected to develop and maintain an investigational product control system, which includes the technical procedures for product ordering, storage, dispensing, and accountability. The PoR is responsible for the establishment of internal policies and procedures for the safe and proper use of investigational products.

This MATRIX-003 Pharmacy Manual is designed to assist pharmacists in day-to-day implementation of the MATRIX-003 protocol and will guide you, in stepwise fashion, through the processes of ordering, receiving, dispensing, accountability, and returning study product. Pharmacy staff must have access to the MATRIX-003 Study Specific Procedures Manual (SSP) and be familiar with all sections pertaining to study product.

Although this manual is designed to be thorough in its description of pharmacy functions and procedures, questions may arise before, during, or after completion of the trial that will be best answered by the MATRIX Protocol Pharmacist, Cindy Jacobson, via email at **cjacobson@upmc.edu** if your call is urgent, please phone (412) 657-5538.

2 ORDERING STUDY PRODUCT

A. PURPOSE:

To define procedures for the Pharmacist of Record or Associate Pharmacist to order study product for the MATRIX-003 clinical trial.

B. SCOPE:

This procedure applies to the MATRIX-003 trial and all individuals involved in study product ordering and accountability. This includes the following: Investigator of Record, Pharmacist of Record and Associate Pharmacists.

C. RESPONSIBILITIES:

MATRIX-003 Investigator of Record (IoR): The responsibility of the IoR is to ensure that the study is conducted in accordance with protocol requirements, GCP guidelines, and applicable federal, state, and local regulations. The IoR is ultimately responsible for ensuring that the study products are stored and dispensed to eligible participants in a safe and appropriate manner.

MATRIX-003 Pharmacist of Record (PoR): The PoR is responsible for executing the required site pharmacy activities including oversight of the ordering, receiving, storing, dispensing, and accounting for all study products. The associate pharmacists work under the direction of the PoR in each of these capacities.

Oak Crest Institute of Science: Oak Crest is responsible for the manufacturing, supply, and quality of the placebo rings.

MATRIX Protocol Pharmacist: The MATRIX Protocol Pharmacist is responsible for oversight of site pharmacists (PoRs and associate pharmacists) to ensure that study product is ordered and supplied to the pharmacies in accordance with this manual.

D. MATERIALS:

- **Pharmacy Protocol Registration Approval**
  This is a notice sent by the MATRIX PROTOCOL Pharmacist to the site PoR to confirm that the protocol requirements for site activation and study product dispensation are complete. (See Appendix I of this section).

- **Placebo Vaginal Ring Request Form**
  The PoR or associate pharmacist will use this form to order the placebo vaginal rings from Oak Crest via the MATRIX Protocol Pharmacist (See Appendix II of this section).

- **MATRIX-003 Study Product Accountability Records**
  The Study Product Accountability Records must be used to document the receipt and disposition of ALL study products received for MATRIX-003. An equivalent computerized record or other document may be used only if the same information is provided. The Study Product Accountability Record is to be used for recording data on the dispensing of the protocol- and lot number-specific study products. (See Appendix IIIa and IIIb of this section).

- **Study Product Shipping Temperature Record**
  The Study Product Shipping Temperature Record must be used to document the temperature information pertaining to the MATRIX-003 study product shipment from Oak Crest. (See Appendix IV of this section).

E. PROCEDURES:

1. Approval to Order Study Product

   1.1. The MATRIX regulatory team will notify the MATRIX Protocol Pharmacist that the site has received IRB approval and site activation is near completion.

   1.2. The MATRIX Protocol Pharmacist will scan/email a notice to the site PoR confirming that the protocol requirements are complete (See Appendix I – Pharmacy Protocol Registration Approval). This notice may be saved in electronic format and must be printed, filed, and remain available for the monitoring process.

2. Ordering Study Product

   2.1. The PoR or associate pharmacist will submit an initial order for 48 placebo placebo vaginal rings (24 Ring A, 24 Ring B) to the MATRIX Protocol Pharmacist. The Placebo Ring/Oak Crest Shipment Request Form (see Appendix II) must be filled out completely and emailed to cjacobson@upmc.edu**.** Keep this page in the pharmacy file with all shipping documentation.

   2.2. MATRIX protocol pharmacist will forward the request to Oak Crest who will process and ship MATRIX-003 study product orders (via Biocair) within 3-5 business days once all regulatory documents (import permit and tax waiver) as applicable are in place. Biocair will ship product Monday through Wednesday to avoid weekends. Oak Crest will review the order and contact the requestor with any questions. Oak Crest will complete the Oak Crest – Dispatch Details section of the form.

   2.3. The scanned shipment request will remain on file at Oak Crest and a copy will be placed in the shipment.

   2.4. The following documents will also be included in the shipper: packing slip, CofA, Proforma Invoice and Certificate of Donation (for international shipments only) and import approval permit/VAT exemption certificates where applicable and any other country specific documents required. The PoR or associate pharmacist should sign and date the depot packing slip upon receipt

of shipment. Shipment documents should be stored in the pharmacy study file and remain available for monitoring.

3. Receiving Study Product

3.1. All study products received from Oak Crest should be logged onto a Study Product Accountability Record (Appendix IIIa and IIIb). Each product and each lot number require a separate Accountability Record.

3.2. A site may choose to use its own Accountability Record. This is acceptable if the form includes the same documentation and is approved in the pharmacy SOP.

3.3. Study Product Labeling Information: The outside of each placebo vaginal ring will indicate Ring A or Ring B.

3.4. The serial number will only be documented when a ring is dispensed.

4. TempTale4 Monitors

4.1 Biocair will also include in the shipment, TempTale Ultra temperature monitoring devices. Instructions regarding the handling of these temperature devices will are included in this manual (Appendix IV). Upon shipment receipt, the devices should be stopped. If the monitor alarm bell does not show, the product is within temperature specification and is approved for immediate use. The form included in the shipment should be completed and remain in the pharmacy file. You may download the form from this manual.

4.2 The data for all shipments should be downloaded by the site PoR using a USB port. All recordings should be printed and the hard copy remains in the pharmacy study file. If there are no alarms on the screen (no bell icon) the products have traveled in good condition, and the monitors may be discarded once the recordings have been printed. If the file will not download, immediately email Cindy Jacobson at cjacobson@upmc.edu. In the event that there is a shipping temperature excursion, the temperature recordings should be downloaded and immediately forwarded to Cindy Jacobson cjacobson@upmc.edu. The product must be placed in quarantine until the MATRIX Protocol Pharmacist determines that the excursion data support the use of the product. Once the temperature data is reviewed, the PoR will be notified via email. This notice must be stored in the site pharmacy study file.

F. DEFINITIONS:

Study product – any drug, biologic, vaccine, radiopharmaceutical, item or device that is either provided for the study or identified in the protocol as being a study product including placebo vaginal rings.

G. LIST OF ABBREVIATIONS AND ACRONYMS:

GCP – Good Clinical Practice
IoR – Investigator of Record
PoR – Pharmacist of Record
PTID – Participant ID
PID – Participant Identification Number (PTID)
RPh – Registered Pharmacist
SOP – Standard Operating Procedure

H. ATTACHMENTS:

Appendix I – Pharmacy Protocol Registration Approval
Appendix II –MATRIX-003 Vaginal Ring Request Form
Appendix IIIa – VAGINAL RING A Accountability Record
Appendix IIIb VAGINAL RING B Accountability Record
Appendix IV – Study Product Shipping Temperature Record

I. REFERENCES:

MATRIX-003 Protocol, Version 1.0

APPENDIX I – Pharmacy Protocol Registration Approval MATRIX 003

FROM: Cindy Jacobson, PharmD Date:

TO PoR: _____

CRS Name/ID:_____

IoR:_____

Your site has received approval to request product for MATRIX-003. Please complete the request form for the following initial shipment:

Vaginal Ring A	6 rings/carton	4 Cartons /box, 24 rings
Vaginal Ring B	6 rings/carton	4 Cartons/Box , 24 rings

APPENDIX II: MATRIX-003 VAGINAL RING REQUEST FORM

Protocol #: _____ Investigator Name: _____

CRS Name: _____ CRS ID:_____

Pharmacist (Requestor): _____ Phone #: _____

INSTRUCTIONS: Type or print clearly. Complete all sections except for box labeled *Distributor*. Sign and date order. Enter requested receipt date. Use this order form for initial and for any subsequent order(s) of study product.

THIS ORDER IS TO REQUEST THAT

24 of Ring A and 24 of Ring B

BE FORWARDED TO OUR SITE PHARMACY FOR DISPENSING TO MATRIX-003 PARTICIPANTS

<table>
<tr><td rowspan="3">Pharmacy Shipping Address:</td><td>Pharmacist Signature:</td></tr>
<tr><td>Date Completed:</td></tr>
<tr><td>Requested Receipt Date:</td></tr>
<tr><td>Send (Scan/Email) to:

cjacobson@upmc.edu</td><td>Distributor (to complete):

Date Received: _____

Order #: _____

Authorized by: _____

Pulled by: _____</td></tr>
</table>

APPENDIX IIIa: MATRIX-003 VAGINAL RING A ACCOUNTABILITY RECORD

Protocol Number:	CRS Name:	CRS ID:	Investigator of Record:
MATRIX-003			

Manufacturer:	Lot #:	Study Product Name/ Strength/ Dosage Form:
Oak Crest		Placebo Vaginal Ring A

	PTID	Quantity Received (+) or Dispensed (-)	Balance Forward	Date dd-MMM-yy	RPh Initial	Serial number/Comments
1						
2						
3						
4						
5						
6						
7						
8						
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APPENDIX IIIb: MATRIX-003 VAGINAL RING B ACCOUNTABILITY RECORD

Protocol Number:	CRS Name:	CRS ID:	Investigator of Record:
MATRIX-003			

Manufacturer:	**Lot #:**	**Study Product Name/ Strength/ Dosage Form:**
Oak Crest		Placebo Vaginal Ring B

	PTID	**Quantity Received (+) or Dispensed (-)**	**Balance Forward**	**Date dd-MMM-yy**	**RPh Initial**	**Serial Number/Comments**
1						
2						
3						
4						
5						
6						
7						
8						
9						
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12						
13						
14						
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APPENDIX IV: MATRIX-003 SHIPPING TEMPERATURE RECORD

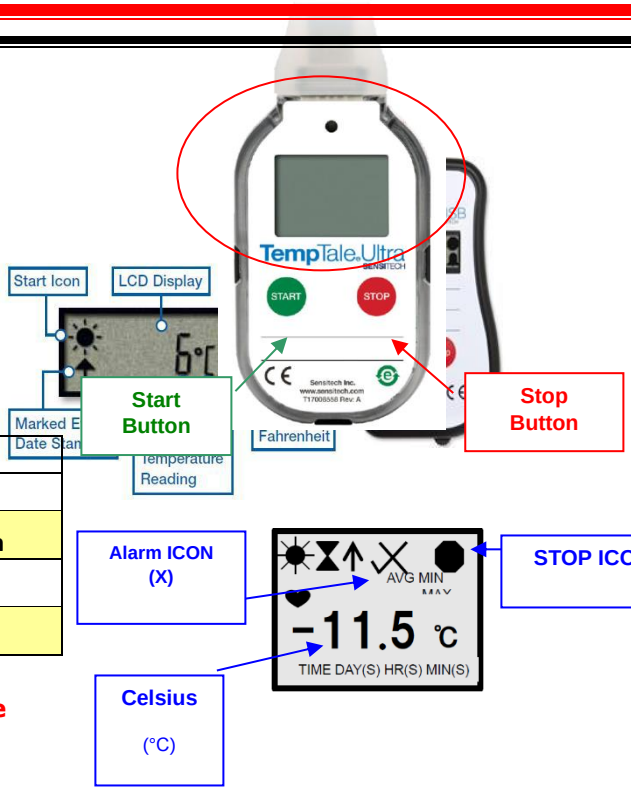
IMMEDIATE ACTION NEEDED

Temperature Monitor Must to be Stopped Immediately

Does the alarm icon (X) show on the monitor? Yes / No * Please circle as applicable

Stopping the monitor:
Press stop button (red) for 3 seconds until the stop icon appears
(Caution: DO NOT PRESS THE GREEN START BUTTON)
Alarms:
Please note if the **Alarm Icon (X)** is shown in the display

Alarm Icon: YES: ☐ NO: ☐



If there is no alarm icon shown, the drug supplies may be used.
Press and hold the green start button and record the numbers that appear on the screen (may not be in sequence):

1.		**= average temperature recorded**
2.		**= max temperature recorded**
3. *		**= cumulative time above high temperature alarm**
4.		**= min temperature recorded**
5. *		**= cumulative time below low temperature alarm**

***If box 3 or 5 is any time other than 0 minutes, inform the LOC pharmacist immediately**

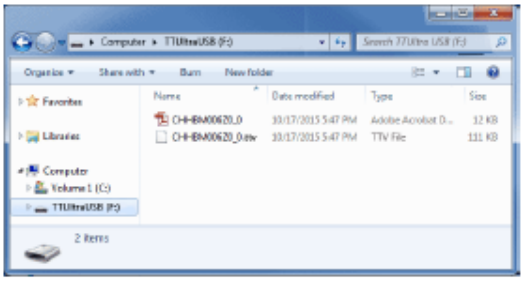
Retrieving TempTale Ultra USB Monitoring reports and data files:

1. Connect the device to a computer via the USB connector.
2. The monitor will automatically begin creating the Adobe® PDF report and ttv. data file. The LED on the face of the monitor will blink red while the files are being created.
3. After the LED on the face of the monitor glows solid green, the monitor has completed the report generation.

   Note: Do not remove the plug from the USB port on the computer until the LED on the face of the unit glows solid green.
4. A new window will appear on your computer screen with TWO files (If a new window does not appear go to 'My Computer' and select the new drive which appears).

   Two Files should appear: Adobe Acrobat PDF file and

   a ".ttv" File
5. Double click the Adobe Acrobat PDF file to open file.
6. Print hardcopies of PDF and tty file and place in file.



In the event of an excursion, details need to be emailed to:

Cindy Jacobson: cjacobson@upmc.edu

After documenting readings and downloading files, the TempTale Ultra monitor can be disposed of if no temperature excursion is encountered.

Date / Time received:	
Serial Number:	
Your Name:	
Site No / Name:	

Version 1.0 Effective date: 13JUL2021

3 DISPENSING STUDY PRODUCT

A. PURPOSE:

To define requirements, procedures, and documentation for dispensing study product by the PoR and associate pharmacists for the MATRIX-003 trial.

B. SCOPE:

This procedure applies to all individuals involved in study product dispensing and accountability. This includes the following: Investigator of Record, Pharmacist of Record and designated associate pharmacists, other designated pharmacy staff.

C. RESPONSIBILITIES:

MATRIX-003 Investigator of Record (IoR)**:** The responsibility of the IoR is to ensure that the study is conducted in accordance with protocol requirements, GCP guidelines, and applicable local regulations. The IoR is ultimately responsible for ensuring that the study products are stored and dispensed to eligible participants in a safe and appropriate manner.

MATRIX-003 Pharmacy of Record (PoR): The PoR is responsible for executing the required pharmacy activities including oversight of the ordering, receiving, storing, dispensing, and accounting for the study products. The associate pharmacists work under the direction of the PoR in each of these capacities.

MATRIX-003 Study Coordinator: The Study Coordinator is responsible for ensuring that all Prescriptions and Study Product Request Slips are delivered to the PoR in a timely manner and for monitoring participant adherence to study treatment regimen. The Study Coordinator will provide the PoR with all relevant regulatory and source documentation in a timely manner.

D. MATERIALS:

- **Prescriptions**
  MATRIX-003 prescriptions are available to print from Appendix 6-1 in the SSP. Site clinic staff completes the prescription. A study prescription is used at each Ring dispensation (see Appendix I).

- **Study Product Accountability Records**
  The PoR or PoR-designee completes and uses these pharmacy records as documentation of all MATRIX-003 unused study products (Placebo vaginal rings) received and dispensed per individual lot number (See Appendix IIa and IIb).

- **MATRIX-003 Record of Receipt of Study Product**
  This is a record that is stored in the pharmacy and used by the site PoR or associate pharmacist and clinical staff member to document the chain of custody of all study product dispensed from the pharmacy for each participant. The chain of custody from pharmacy staff to clinic staff for both placebo vaginal rings A and B will be documented on the same record. (See Appendix VI.)

E. PROCEDURES:

1. Randomization to Ring A or Ring B occurs in the clinic. At V2 (Enrollment Visit), only after a participant has been confirmed as eligible, a clinic staff will randomize the participant by assigning and opening the next sequential sealed MATRIX-003 Randomization Envelope. The assigned Ring (Ring A or Ring B) will be printed on the MATRIX-003 Randomization Sheet inside the envelope. The MATRIX-003 Randomization Sheet should be completed (as described in SSP Section 12), signed and dated by clinic staff and will be taken to the pharmacy with the prescription (described below).

2. Prescription orders should be received by the pharmacy with all sections completed. If additional site-specific prescriptions are required, site staff must follow institutional guidelines regarding such prescriptions.
   2.1. The PoR or associate pharmacist should dispense the VAGINAL RING A or B only upon receipt of a written prescription (see Appendix I of this section) signed by an authorized prescriber.
   2.2. The middle section of the prescription includes the printed name and signature of the authorized prescriber, hand signed signature and date. This section must be completed by a study staff member designated in the site's Delegation of Duties (DoD) Log as an authorized prescriber of study product. This person should also be listed as an investigator (either the Investigator of Record or a Sub-Investigator) on the current Investigator of Record Form.
   2.3. The pharmacist must verify that the participant has signed the informed consent (noted on the prescription).
   2.4. Prescriptions for the placebo vaginal rings will be written and sent by fax and/or hand delivery, to the pharmacy.
      2.4.1. If a faxed copy of the prescription is sent, study product will not be dispensed to the clinic staff until the original copy of the prescription has been provided to the pharmacist (unless local government regulations allow otherwise).
   2.5. The MATRIX-003 Randomization Sheet, described above, should accompany the prescription to indicate the randomization number and assignment for the pharmacist. The copy of the MATRIX-003 Randomization Sheet should be filed in the pharmacy with the original prescription.

3. Dispensing

The prescription that the pharmacy will receive for each participant will indicate the VAGINAL RING A or B to be dispensed to the participant. One Ring will be dispensed from the pharmacy at V2 and at V6 using the provided MATRIX-003 Prescription in Appendix I. A separate prescription should be used at each visit. One Ring will be dispensed, however if that ring becomes unusable for any reason, another prescription can be provided and another ring may be dispensed.

3.1. The PoR or associate pharmacist will need to sign the VAGINAL RING(s) out of stock on the respective Study Product Accountability Record.

3.2. The serial number assigned to each ring should also be recorded.

3.3. Document the PTID and date dispensed on the study product label. You may need to apply an ancillary label to indicate PTID and dispensation date.

3.4. To document Chain of Custody, the Record of Receipt Log (Appendix III) must be used to document the dispensing of the study product from the pharmacy to the clinic staff member.

4. Study Product Accountability

4.1. All study Placebo vaginal rings A and B received from Oak Crest, and dispensed must be appropriately documented on the Study Product Accountability Record (see Appendices IIa and IIb). Each product and each lot number requires an Accountability Record.

4.2. Study product on hand should match what is recorded on the Study Product Accountability Record at all times.

4.3. The PoR or associate pharmacist will perform accountability checks at the time of study product dispensing for the dispensed product stock.

4.4. An inventory audit of all MATRIX-003 study product must be conducted and documented every 28-31 days.

4.5. If the actual inventory differs from the recorded inventory on the Study Accountability Record, the discrepancy and the reason for discrepancy should be documented on the Study Accountability Record. The discrepancy should also be reported to MATRIX Protocol Pharmacist.

F. DEFINITIONS:

Study product – any drug, biologic, vaccine, radiopharmaceutical, item, or device that is either provided for the study or identified in the protocol as being a study product including placebo vaginal rings.

G. LIST OF ABBREVIATIONS AND ACRONYMS:

eCRF – electronic case report form
GCP – Good Clinical Practice
IoR – Investigator of Record
PoR – Pharmacist of Record
RPh – Registered Pharmacist

H. ATTACHMENTS:

Appendix I – Study Product Prescription

Appendix IIa – VAGINAL RING A Accountability Record

Appendix IIb – VAGINAL RING B Accountability Record

Appendix III - Record of Receipt of Participant-Specific Study Product

I. REFERENCES:

MATRIX-003 Protocol, Version 1.0

APPENDIX I: STUDY PRODUCT PRESCRIPTION

MATRIX-003 Prescription

Instructions:

- All entries must be made in blue or black ink.
- Once the form is completed and verified, make a certified copy.
  - the original form goes to the pharmacy, the copy is filed in the participant chart
- A separate or new prescription is used:
  - at each vaginal ring insertion visit (V2 and V6)
  - if a vaginal ring needs to be replaced (i.e., ring falls on floor)

Clinic Staff to Complete this section	
Participant ID (PTID):	Randomization Number:
Did the participant provide written informed consent for enrollment into MATRIX-003? ☐ YES ☐ NO Clinic Staff Initials: _____	
CHECK ONE: ☐ V2: Enrollment Visit, Stage 1 (1st Ring Insertion Visit) ☐ V6: Stage 2 (2nd Ring Insertion Visit)	
CHECK ONE based on the MATRIX-003 Randomization Assignment to be dispensed for this PTID at this visit: ☐ Ring A ☐ Ring B	
CHECK ONE: ☐ Original Ring ☐ Replacement Ring	
Authorized Prescriber Name (please print):	
Authorized Prescriber Signature:	
Date:	

Pharmacy Staff to complete this section
Pharmacist verified randomization assignment by reviewing the assignment listed on the MATRIX-003 Randomization Assignment to this PTID Pharmacy Staff Initials: _____
MATRIX-003 Pharmacy Instructions: **Dispense one vaginal ring as indicated only after verifying randomization assignment above.**
Pharmacist Name (please print):
Pharmacist Signature:
Date:

APPENDIX IIa: MATRIX-003 VAGINAL RING A ACCOUNTABILITY RECORD

Protocol Number:	CRS Name:	CRS ID:	Investigator of Record:
MATRIX-003			

Manufacturer:	Lot #:	Study Product Name/ Strength/ Dosage Form:
Oak Crest		Placebo Vaginal Ring A

	PTID	Quantity Received (+) or Dispensed (-)	Balance Forward	Date dd-MMM-yy	RPh Initial	Serial Number/Comments
1						
2						
3						
4						
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APPENDIX IIb: MATRIX-003 VAGINAL RING B ACCOUNTABILITY RECORD

Protocol Number:	CRS Name:	CRS ID:	Investigator of Record:
MATRIX-003			

Manufacturer:	Lot #:	Study Product Name/ Strength/ Dosage Form:
Oak Crest		Placebo Vaginal Ring B

	PTID	Quantity Received (+) or Dispensed (-)	Balance Forward	Date dd-MMM-yy	RPh Initial	Serial Number/Comments
1						
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APPENDIX III: MATRIX-003 STUDY PRODUCT RECIEPT LOG (VAGINAL RING A or B)

Site Name: **Site ID #:** **IoR:**

Instructions: Complete one row each time study product is received by clinic staff for a participant. All entries must be made in dark ink. Corrections are made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction.

PHARMACY STAFF					**CLINIC STAFF/RUNNER**			
Date/Time Dispensed to Clinic Staff dd-MMM-yy (hh:mm) *24-hr clock*	PTID	Product dispensed (Ring A or Ring B) Including quantity	Serial #	Pharmacy Staff Initials	Is PTID and product received correct? Y or N	Date/Time Received by Pharmacy Staff dd-MMM-yy (hh:mm) *24-hr clock*	Clinic Staff/ Runner Initials	Comments

4 STUDY PRODUCT RETURN AND DESTRUCTION

A. PURPOSE:

To define procedures for the Study Site Pharmacy to process damaged/quarantined or unused (not dispensed or returned unused) MATRIX-003 study products.

B. SCOPE:

The standard operating procedure (SOP) applies to the Pharmacist of Record (PoR) and all Study Pharmacy staff designated to participate in MATRIX-003. All related procedures regarding study product return and study product destruction are documented in separate specific SOPs and kept on file in the Study Site Pharmacy.

C. RESPONSIBILITIES:

MATRIX-003 Pharmacist of Record (PoR): PoR is responsible for understanding and following the SOP.
MATRIX-003 Study Coordinator: Study Coordinator is responsible for training clinic staff to understand when product should be returned to the pharmacy in accordance with the SOP.
MATRIX-003 Investigator of Record (IoR): IoR is responsible for ensuring that all applicable staff members follow the SOP.

D. MATERIALS:

The following materials are used in the process of Study Product return and/or Study Product destruction by the Study Pharmacies:

- **Record of Return of Site-Specific Unused Study Product**
  These forms are to be completed when an unused Placebo vaginal rings are returned to the pharmacy. This will provide documentation of the chain of custody from the clinic staff to the pharmacy (Appendix I).

- **Study Product Destruction Forms**
  The site PoR must conduct periodic inventory of study product through the review of records related to shipping, dispensing, return, or destruction. Disposition of the returned, unused or quarantined Placebo vaginal rings must be documented first using the Record of Return Form and then the Study Product Destruction Form (see Appendix II).

E. PROCEDURES:

1. Study Product Return

   1.1 Product (unused) returned to the pharmacy for any reason (i.e., dispensed but not used, damaged, participant changed their mind, etc.) should first be documented

on the Record of Returns form and then on the Study Product Destruction Form (see Appendix I and II of this section).

i. If the Placebo vaginal rings are returned to the pharmacy due to a suspected defect or specific product concern, contact the MATRIX Protocol Pharmacist at cjacobson@upmc.edu.

1.2 Print (in ink only) or type the site name and number on the top of both forms. (These forms may be duplicated).

1.3 Record of Returns Form – The clinic staff must complete the 4 left columns (date returned to pharmacy, PTID, number of unused Rings or returned, initials). The pharmacy staff receiving the returned unused ring must complete the 5 columns on the right side of the form (date received by pharmacy, verify PTID, reason for return, RPh initials and staff initials to verify QA against destruction log (form).

2. Study Product Destruction

2.1 Study Product Destruction Forms (Appendix II) - Complete all known information which may include the PTID, lot number, number of Rings to date dispensed (if applicable), date returned (if applicable) and RPh initials.

2.2 No placebo vaginal rings can be sent for destruction without approval from the MATRIX protocol pharmacist.

2.3 Complete the bottom sections of the form when the study product listed is destroyed. Answer all questions in ink. The pharmacist must print their name, sign and date the form.

2.4 Certificate of Destruction must be scanned and emailed to MATRIX Protocol Pharmacist upon receipt.

F. DEFINITIONS:

Study product – any drug, biologic, vaccine, radiopharmaceutical, item, or device that is either provided for the study or identified in the protocol as being a study product such as placebo vaginal rings A or B.

Study product return - any placebo vaginal rings that are dispensed and returned to the pharmacy UNUSED.

G. LIST OF ABBREVAITIONS AND ACRONYMS:

IoR – Investigator of Record
PoR – Pharmacist of Record
SOP – Standard Operating Procedure

H. ATTACHMENTS:

Appendix I – Record of Return Log

Appendix II – Destruction Form

APPENDIX I: MATRIX-003 STUDY PRODUCT RETURN LOG (VAGINAL RING A or B)

Site Name: **Site ID #:** **IoR:**

Instructions: Complete one row each time study product is returned by clinic staff to the pharmacy. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction.

CLINIC STAFF/ RUNNER				**PHARMACY STAFF**			
Date/Time Returned by Clinic Staff dd-MMM-yy (hh:mm) *24-hr clock*	PTID	Product returned (Ring A or Ring B) Including quantity	Clinic Staff/ Runner Initials	Is PTID (if known), quantity and product returned correct? Y or N	Date/Time Received by Pharmacy Staff dd-MMM-yy (hh:mm) *24-hr clock*	Pharmacy Staff Initials	Comments

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APPENDIX II: MATRIX-003 VAGINAL RING DESTRUCTION FORM

Site Name and Number:_____

Participant ID (PTID) (if applicable)	Ring A or B	# Unused Returned Placebo vaginal rings	Date Dispensed (if applicable)	Date Returned (if applicable)	RPh Initials

Product Destruction:

1. Did study product destruction occur for all products on this form?__ yes_____no If no, please circle the product on this form and reason for no destruction_____
2. Were study products destroyed on site?___yes __no
   a. If no, please name facility where they were destroyed:_____
   b. Will the destruction company provide documentation for destruction? __ yes (attached)_____no

The PoR attests that this information is accurate and in accordance with the pharmacy site's destruction SOP for destruction of study products.

Print Pharmacist Name: _____

Pharmacist Signature:_____Date_____(dd-MM-yy)

5 STUDY PRODUCT COMPLAINTS

A. PURPOSE:

To define procedures for the site pharmacy to process study product (MATRIX-003 placebo vaginal rings) complaints.

B. SCOPE:

This procedure applies to all individuals involved in dispensation and provision of MATRIX 003 study product. This includes the following: Investigator of Record, Pharmacist of Record and designated associate pharmacists, other designated pharmacy staff, Study Coordinator, and MATRIX PROTOCOL Pharmacist.

C. RESPONSIBILITIES:

MATRIX-003 Investigator of Record (IoR)**:** The responsibility of the IoR is to ensure that the study is conducted in accordance with protocol requirements, GCP guidelines, and applicable federal, state, and local regulations. The IoR is ultimately responsible for ensuring that the study products are stored and dispensed to eligible participants in a safe and appropriate manner.

MATRIX-003 Pharmacist of Record (PoR): The PoR is responsible for executing the required pharmacy activities including oversight of the ordering, receiving, storing, dispensing, and accounting for the study products. The associate pharmacists work under the direction of the PoR in each of these capacities. *It is the PoR's responsibility to report study product complaints to the MATRIX PROTOCOL Pharmacist.*

MATRIX-003 Study Coordinator: The Study Coordinator is responsible for ensuring that all study product prescriptions and request slips are delivered to the PoR in a timely manner and for monitoring participant adherence to study product regimen. The Study Coordinator will provide the PoR with all relevant regulatory and source documentation in a timely manner. *It is the study coordinator's responsibility to report study product complaints to the CRS PoR.*

D. PROCEDURES:

1. During the study, a problem or concern may be observed with study product. A problem may be noted by the pharmacy staff, clinic staff, or the participant. These complaints may concern the dosage form (Vaginal Ring) or packaging or other aspects of the study product. The product should be placed in quarantine if applicable.

2. Study clinic staff will make thorough record of the participant study product complaint. The study clinic staff member will notify (via email) the site PoR and other designated site pharmacy staff of the participant study product complaint. This notification should include as much written details as possible and pictures (if possible and as deemed necessary). The following information should be provided in the email:
    a. PTID, Date of the observed issue, date that the issue was reported, date study product was dispensed, did an adverse event occur, description of the nature of the issue, and any other details deemed necessary.
3. The site PoR will forward (via email) this information to the MATRIX PROTOCOL Pharmacist.
4. The MATRIX PROTOCOL Pharmacist will forward the study product complaint to the manufacturer and development team.

E. DEFINITIONS

Study product – any drug, biologic, vaccine, radiopharmaceutical, item or device that is either provided for the study or identified in the protocol as being a study product including placebo vaginal rings.

F. ABBREVIATIONS AND ACRONYMS

IoR – Investigator of Record

PoR – Pharmacist of Record

SOP – Standard Operating Procedure

G. REFERENCES

MATRIX-003 Protocol, Version

MATRIX-003 PHARMACY MANUAL
VERSION REVISION HISTORY

Version	Supersedes	Effective Date	Change(s)
1.0	NA		
2.0	1.0	29JULY2024	Corrected the columns on Record of Receipt pg 20 Deleted MTN-042 on pg 25

APPROVAL

Cindy Jacobson, PharmD

Author Name, Author Title – PRINT

Signed by:
Cindy Jacobson

7/29/2024

Author Signature

Signer Name: Cindy Jacobson
Signing Reason: I am the author of this document
Signing Time: 7/29/2024 | 10:53:39 AM PDT
B95A8DD6DFB747E7875F2D30389AF738

Date

Sharon Hillier, PhD
Principal Investigator

Approver Name, Title -PRINT

Signed by:
Sharon Hillier

7/29/2024

Approver Signature

Signer Name: Sharon Hillier
Signing Reason: I approve this document
Signing Time: 7/29/2024 | 10:29:57 AM PDT
437BF8C12B1541729992EA42A322B571

Date