|  |  |  |  |
| --- | --- | --- | --- |
| **SITE AND PARTICIPANT INFORMATION** | | | |
| **Country** |  | **Site Name** |  |
| **PID** |  | **Query Date** | DD/MMM/YY |
| **Staff Reporting Name/Title** |  | | |
| **Participant Type:** | Maternal: Pregnant  Post-partum | | Infant |

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| --- |
| **REASON FOR QUERY (tick all that apply)** |
| Question about study eligibility |
| Notification/consultation on syphilis case/positive rapid |
| Notification/consultation on a subsequent pregnancy |
| Notification/consultation on inferred pregnancy complication diagnosis |
| Notification/consultation on non-study ultrasound or clinically indicated ultrasound |
| Notification/consultation on congenital anomaly |
| Notification/consultation on SAE |
| Notification/consultation on social harm |
| Notification/consultation on seroconversion |
| Consultation on other clinical management |
| Other. Please Describe: |
| **NARRATIVE SUMMARY** |
| *Describe the event and any proposed course of action. As relevant, include signs and/or symptoms, relevant past medical history, diagnosis, intervention and/or treatment, relevant lab tests and results, and current status of participant, including any relevant dates.* |
|  |
| *Question(s) for the SSC:* |
|  |

**Instructions:** Post completed form to designated folder on the CARE PrEP Data SharePoint. Notify the SSC via email ([matrix007SSC@lists.matrix4prevention.org](mailto:matrix007SSC@lists.matrix4prevention.org)) that a new query is available for review. Do not attach this query form to the email. A response will be provided as soon as possible and no later than within 3 business days.

**END OF FORM FOR SITE STAFF.**

|  |  |
| --- | --- |
| **SSC USE ONLY** | |
| Responding Member Name: |  |
| Response Date: |  |
| Comments: | |
|  | |