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| **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) 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.**

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