***Instructions****: Complete this contact log at the maternal study exit visit. If participant was not available to provide a response, enter the name and mark ‘no.’*

*\*In the unique circumstance that the mother is no longer the legal guardian for the infant, document the current legal guardian’s permission to be contacted about the study results and infant participation in future studies by entering the guardian’s name in the Maternal Participant Name column followed by a note: “(legal guardian of [infant name])”*

|  |  |  |  |
| --- | --- | --- | --- |
| **Maternal Participant Name\*** | **Permission to Contact for CARE PrEP Results?** | **Permission to contact for maternal/infant participation in future studies?** | **Staff I&D** |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
|  | ❒ YES ❒ NO | ❒ YES ❒ NO |  |
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