HPTN 033
HIV Prevention Preparedness Study

A Study of the HIV Prevention Trials Network

Sponsored by:

Division of AIDS
US National Institute of Allergy and Infectious Diseases
US National Institute of Child Health and Human Development
US National Institute on Drug Abuse
US National Institute of Mental Health
US National Institutes of Health

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CL	Central Laboratory
CORE	Coordinating and Operations Center
DAIDS	Division of AIDS
EC	Ethics Committee
EIA	Enzyme immunoassay
HIV	Human Immunodeficiency Syndrome
HPTN	HIV Prevention Trials Network
IDU	Injection Drug Users
IFA	Immunofluoresence assay
IRB	Institutional Review Board
LDMS	Laboratory Data Management System
LL	Local laboratory
mL	Milliliter
NACO	National AIDS Control Organization
NIAID	National Institute of Allergy and Infectious Diseases
NICHD	US National Institute of Child Health and Human Development
NIDA	US National Institute on Drug Abuse
NIH	National Institutes of Health
NIMH	US National Institute of Mental Health
PPS	Prevention Preparedness Study
PRC	Protocol Review Committee
PSRC	Prevention Science Review Committee
SDMC	Statistical and Data Management Center
STD	Sexually transmitted disease
UNAIDS	United Nations Programme on HIV/AIDS
US	United States
WB	Western blot

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Division of AIDS (DAIDS)
US National Institute of Allergy and Infectious Diseases (NIAID)
US National Institute of Child Health and Human Development (NICHD)
US National Institute on Drug Abuse (NIDA)
US National Institute of Mental Health (NIMH)
US National Institutes of Health (NIH)

I, the Principal Investigator, agree to conduct this study in full accordance with the provisions of this protocol. I agree to maintain all study documentation for a minimum of five years from the end of the study, unless directed otherwise by the HIV Prevention Trials Network (HPTN) Coordinating and Operations Center (CORE). Publication of the results of this study will be governed by HPTN and DAIDS policies. Any presentation, abstract, or manuscript will be made available by the investigators to the HPTN Manuscript Review Committee and DAIDS for review prior to submission.

I have read and understand the information in this protocol and will ensure that all associates, colleagues, and employees assisting in the conduct of the study are informed about the obligations incurred by their contribution to the study.

_____
Name of Principal Investigator

_____ _____
Signature of Principal Investigator **Date**

HPTN 033
HIV Prevention Preparedness Study

PROTOCOL SUMMARY

Design:	Prospective cohort study of 2000 persons at high risk for HIV infection (500 at each of four study sites), with a six-month accrual period and 12 months of follow-up for each enrolled participant.
Population:	Adult males and females residing in Xinjiang and Guangxi, China; Chennai, India; and Saint Petersburg, Russia; who are at high risk for HIV infection due to sexual and/or drug use behaviors.
Study Duration:	Accrual will require six months. Each participant will complete one year of follow-up. Therefore the entire study should be completed within approximately 18 months.
Primary Objective:	To estimate rates of HIV seroincidence among persons targeted for inclusion in future HIV Prevention Trials Network (HPTN) studies of HIV prevention interventions.
Primary Endpoint:	HIV seroconversions observed during the study follow-up period.
Secondary Objectives:	(a) To describe the study accrual process and estimate rates of accrual of persons at high risk for HIV infection into a standardized HIV-related research study. (b) To estimate rates of retention of persons at high risk for HIV infection in a standardized HIV-related research study. (c) To describe the demographic characteristics and HIV risk behaviors of persons targeted for inclusion in future HPTN studies of HIV prevention interventions.
Secondary Endpoints:	(a) Number of participants screened for the study, and the screening outcome for each screenee. (b) Number of participants enrolled in the study. (c) Number of participants retained for 12 months of study follow-up. (d) Demographic characteristics of persons screened for and/or enrolled in the study. (e) HIV risk behaviors reported by persons screened for and/or enrolled in the study.

1 INTRODUCTION

1.1 Background

As described most recently by the researchers, health care providers, and community representatives who attended the XIII International AIDS Conference in 2000, HIV/AIDS continues to exact a devastating toll on the health, economic and political infrastructure, and social fabric of communities worldwide. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 36.1 million adults and children were living with HIV/AIDS at the end of 2000, and that about 15,000 new infections are occurring each day. Over 95 percent of new infections are occurring in developing countries where there is little access to the treatments that have prolonged life in industrialized countries.

It has been stated that a safe and effective vaccine remains the best hope for ending the HIV/AIDS pandemic, however the timeline for developing and making available a safe and effective HIV/AIDS vaccine to communities affected by the pandemic remains unclear. While the search for an HIV/AIDS vaccine continues, additional research must be conducted to develop and test non-vaccine strategies to prevent the spread of HIV.

The United States (US) National Institutes of Health (NIH) established the HIV Prevention Trials Network for this purpose. This global network is the NIH's largest multicenter research network dedicated to HIV prevention, and is comprised of a core operations center, a statistical and data management center, a central laboratory, and 26 research sites and sub-sites located in Africa, Asia, Eastern Europe, South America, and the US. The HPTN will focus on six areas of HIV prevention research, as follows:

- Interventions to prevent mother-to infant HIV transmission.
- Interventions — termed microbicides — designed for vaginal and/or rectal use to prevent sexual transmission of HIV.
- Interventions to reduce behaviors that expose people to HIV.
- Interventions to prevent HIV infection through the reduction of injection drug use.
- Interventions to control other sexually transmitted diseases and thereby reduce the risk of HIV infection.
- Interventions based on antiretroviral therapy to prevent transmission and acquisition of HIV.

The HPTN will conduct research in these six areas at all phases of development, ranging from pilot/feasibility studies to Phase I and II safety studies to Phase III efficacy studies. While early phase studies of a particular intervention are underway, work will proceed in parallel to ensure network-wide planning and preparedness to conduct Phase III studies of interventions shown to be safe and acceptable in earlier phase studies.

1.2 Rationale

Previous prevention trial planning efforts have indicated that Phase III studies of HIV prevention interventions will require the participation of large numbers — from several hundred to several thousand — of persons at high risk for HIV infection. In addition to accruing large numbers of participants, research centers conducting Phase III HIV prevention studies must retain participants in extended periods of follow-up — from several months to several years — in order to preserve the statistical power of the study as well as avoid potentially biased results that may not accurately reflect the impact of the intervention in the target population.

The design of Phase III HIV prevention trials to be conducted in the HPTN will depend on the effectiveness of the intervention being studied as well as the interplay of the four parameters referenced above: the number of participants enrolled, the HIV incidence rate among enrollees, the duration of follow-up, and the number of participants retained in follow-up. The potential impact of these parameters is illustrated in the tables below, which present the number of study participants required to adequately power a two-arm placebo-controlled phase III HIV prevention study assuming various levels of intervention efficacy (E), annual HIV incidence rates (I), durations of participant follow-up (D), and semiannual retention rates (R).

		R=95%								
		I=2%			I=5%			I=8%		
		D=12	D=18	D=24	D=12	D=18	D=24	D=12	D=18	D=24
E=25%	S=515	31,039	21,330	16,472	12,578	8698	6758	7964	5541	4331
E=50%	S=95	6645	4564	3523	2689	1857	1441	1700	1181	921
E=75%	S=29	2459	1689	1303	994	686	532	628	436	339
E=90%	S=16	1503	1032	796	607	419	325	383	266	207

Notes: S=number of seroconversions observed. Power=90%, Type I error=5%.

		R=85%								
		I=2%			I=5%			I=8%		
		D=12	D=18	D=24	D=12	D=18	D=24	D=12	D=18	D=24
E=25%	S=515	34,604	25,020	20,287	14,016	10,191	8307	8869	6485	5314
E=50%	S=95	7408	5354	4340	2996	2177	1772	1894	1382	1131
E=75%	S=29	2742	1981	1605	1108	804	654	700	510	417
E=90%	S=16	1675	1210	981	677	491	400	427	311	254

Notes: S=number of seroconversions observed. Power=90%, Type I error=5%.

As indicated above, dramatically different study designs may be required depending on the ability of HPTN research centers to recruit study participants and the rate of HIV incidence observed in study populations. As such, in order to realistically plan for future Phase III studies, information must be obtained to characterize these parameters at HPTN sites. HPTN sites also must develop strategies to achieve high rates of participant retention throughout the duration of a prospective study.

Building on prior NIH-sponsored and other work, many of the HPTN research sites have established effective standard operating procedures to recruit and retain high risk populations in research studies, and have characterized HIV incidence rates in these populations. Work is now required to establish a similar research infrastructure and knowledge base at HPTN locations not previously represented in HIV prevention research networks. This HIV Prevention Preparedness Study (PPS) serves that purpose, and will be conducted at the three HPTN sites described in Sections 1.2.1-1.2.3 below.

1.2.1 Xinjiang and Guangxi, China

AIDS was first reported in China in 1985, and UNAIDS estimates that 500,000 adults and children were living with HIV/AIDS in China at the end of 1999. The National Center for AIDS Prevention and Control of the People's Republic of China and the World Health Organization estimated that among 400,000 cases of HIV infection in China in 1999, the second and third highest seroprevalence rates were observed in Xinjiang — with an estimated 93,000 infected individuals — and Guangxi — with 30,000 infected individuals — respectively.

Although only about five percent of HIV/AIDS cases are reported in China, available HIV prevalence data indicate a focused, explosive spread of infection among IDUs, and no significant spread among non-injectors. Whereas seroprevalence rates among IDUs have been estimated between 20 and 70 percent, seroprevalance among pregnant women in antenatal clinics has been estimated between one and two percent.

Given the above epidemiologic profile, the HPTN site located in Xinjiang and Guangxi will target enrollment of male and female IDUs in this PPS.

1.2.2 Chennai, India

AIDS was first reported in India in 1986, and UNAIDS estimates that 3.7 million adults and children were living with HIV/AIDS in India at the end of 1999. Scattered surveillance studies have been conducted in India since the late 1980s, and in 1998 India's National AIDS Control Organization (NACO) began a concerted effort to conduct HIV surveillance throughout

India. NACO data indicate that over 80 percent of AIDS cases in India were acquired through sexual transmission, and half of all AIDS cases reported through October 2000 have been from the state of Tamil Nadu, of which Chennai is the largest city. The ratio of men to women among cases of HIV infection in Tamil Nadu through 1998 was 0.73, and women currently represent a rapidly growing population at risk for HIV infection. In 1998 and 1999, surveillance data indicated that HIV seroprevalence ranged from one percent to 64 percent among STD clinic patients in the major urban areas of India, and from zero to 45 percent among STD patients outside of urban areas. Among sex workers, seroprevalence rates have been estimated as high as 58 percent. Surveillance in Chennai has estimated seroprevalence among sex workers as high as nearly 10 percent, and among male and female STD clinical patients as high as six percent and 13 percent respectively.

Given the above epidemiologic profile, the HPTN site located in Chennai will target enrollment of males and females at heterosexual risk in this PPS.

1.2.3 Saint Petersburg, Russia

AIDS was first reported in Russia in 1990, and UNAIDS estimates that 130,000 adults and children were living with HIV/AIDS in Russia at the end of 1999. Between 1987 and 1995, fewer than 200 new HIV infections per year were reported in Russia, and the HIV/AIDS epidemic in this country is considered to have begun in the early 1990s. Growth since that time has been exponential.

Judging from the number of new HIV infections reported in the first nine months of the year 2000, the total number of registered new infections during the year 2000 may reach 50,000. This is far more than the total of 29,000 infections registered between 1987 and 1999. However, even this dramatic increase understates the real growth of the epidemic, since the national registration system captures just a fraction of all infections.

Unsafe drug injection practices are the major route of HIV transmission in Russia. Large outbreaks of HIV infection have occurred among IDUs in Russia since 1996. In 1998, 42 percent of reported infections were among IDUs, and 42 percent were reported with an undetermined mode of transmission.

Given the above epidemiologic profile, the HPTN site located in Saint Petersburg will target enrollment of male and female IDUs in this PPS.

2 STUDY OBJECTIVES AND DESIGN

2.1 Primary Objective

- To estimate rates of HIV seroincidence among persons targeted for inclusion in future HPTN studies of HIV prevention interventions.

2.2 Secondary Objectives

- To describe the study accrual process and estimate rates of accrual of persons at high risk for HIV infection into a standardized HIV-related research study.

- To estimate rates of retention of persons at high risk for HIV infection in a standardized HIV-related research study.

To describe the demographic characteristics and HIV risk behaviors of persons targeted for inclusion in future HPTN studies of HIV prevention interventions.

2.3 Study Design

This is a prospective cohort study to be conducted at HPTN study sites located in Xinjiang and Guangxi, China; Chennai, India; and Saint Petersburg, Russia. The study visit and procedures schedule is summarized in Appendices I and II. As will be detailed below, the study visit and procedures schedule implemented at each study site will depend on whether the site elects to perform rapid HIV testing, however data required to address all study outcomes will be collected in a comparable manner across all sites.

Each study site will target enrollment of 500 study participants over the course of a six-month accrual period. This target is consistent with the likely site-specific accrual requirements of future HPTN multisite HIV prevention studies. All sites will implement the study in accordance with this "core" protocol, however additional site-specific HPTN-sponsored sub-studies may be incorporated into the study, with prior approval by the HPTN Protocol Review Committee (PRC), DAIDS Prevention Science Review Committee (PSRC), and all applicable local Institutional Review Boards or Ethics Committees (IRBs/ECs). All sites will document "core" study data using standard data collection forms that will be submitted to the HPTN Statistical and Data Management Center (SDMC). Substudy data may also be managed by the SDMC, or may be managed locally at participating study sites, based on negotiations between the SDMC and the Protocol Team.

After providing written informed consent, potential study participants will undergo a screening interview designed to identify persons at high risk for HIV

infection. Those who meet the screening criteria then will complete an HIV risk assessment interview, receive HIV pre-test and risk reduction counseling, and undergo phlebotomy for HIV antibody testing. HIV testing will be performed at the local laboratory (LL) in accordance with either the algorithm in Appendix III or the algorithm in Appendix IV. All test results will be provided to participants in the context of post-test counseling. A sample of HIV test results will be confirmed for quality assurance purposes by the HPTN Central Laboratory (CL).

Sites electing to perform rapid HIV testing — located in Chennai — will provide screening HIV test results and post-test counseling to study participants on the day of testing, whereas other sites — located in Xinjiang, Guangxi, and Saint Petersburg — will schedule an enrollment visit to occur approximately 7-14 days later (or earlier, if HIV test results are available before 7 days) for this purpose.

Participants who test HIV-positive will be counseled, referred to available medical and psychosocial services, and referred to other available research studies. Participants who test HIV-negative and meet all other eligibility criteria will be enrolled in the study and maintained in follow-up over the next 12 months. Specifically, participants will complete "locator contacts" at study Months 3 and 9 and follow-up visits at study Months 6 and 12.

The Month 3 and Month 9 locator contacts serve the purpose of enhancing retention in the study by providing a mechanism to confirm or update participants' locator information (e.g., address, telephone number, name and address of family members); confirm or re-schedule their next follow-up visit; and reinforce instructions to contact the study site to update locator information and/or, if needed, request HIV counseling and/or testing between scheduled visits. In addition, any difficulties experienced in contacting participants at these timepoints will serve to trigger timely mobilization of outreach efforts to ensure that participants are located in time for their next scheduled follow-up visit. The contacts may be conducted in-person at the study site, via telephone, or via street/home outreach.

The Month 6 and Month 12 follow-up visits serve the purpose of collecting primary and secondary study endpoint data. At each timepoint, participants will complete a follow-up HIV risk assessment, receive HIV pre-test and risk reduction counseling, undergo phlebotomy for HIV antibody testing, and receive their HIV test results and post-test counseling. (Interim HIV counseling and testing also may be performed at participant request between scheduled follow-up visits.)

As at screening, follow-up HIV testing will be performed at the LL, and a sample of results will be confirmed for quality assurance purposes by the HPTN CL. Sites electing to perform rapid HIV testing will provide test results and post-test counseling to study participants on the day of testing. Other sites will schedule a post-test visit to occur approximately 7-14 days later (or earlier, if HIV test results

are available before 7 days) for this purpose. Participants who seroconvert will be counseled, discontinued from this study, referred to available medical and psychosocial services, and referred to other available research studies.

Throughout the study, HIV pre-test, risk reduction, and post-test counseling will be provided at each HIV testing timepoint. Study sites will provide counseling in accordance with locally-accepted standards of practice. All sites will document their counseling policies and procedures prior to study implementation for purposes of staff training and study monitoring.

3 STUDY POPULATION

This study will be conducted among persons whose sexual and/or drug use behaviors place them at high risk for HIV infection. Each study site will enroll 500 participants from populations targeted for inclusion in future HPTN HIV prevention studies.

3.1 Core Inclusion Criteria

At all participating study sites, persons must meet all of the following criteria in order to be eligible for inclusion in the study:

- Age 14 years and older; however, in order to reflect local populations at high risk, and to meet local human subjects requirements, the three participating study sites will target the following site-specific age ranges:
  - Xinjiang and Guangxi: 18 years and older
  - Chennai: 18 years and older
  - Saint Petersburg: 16 years and older
- HIV-seronegative based on the testing algorithm in Appendix III or IV.
- Available for 12 months of study participation.
- Able and willing to provide written informed consent to take part in the study.
- Able and willing to provide adequate information for locator purposes (as defined by local site standard operating procedures).

3.2 Risk Group-Specific Inclusion Criteria

In addition to the core inclusion criteria listed above, study participants must meet at least one inclusion criterion in one of the sets of risk group-specific criteria listed in the subsections below. These criteria are based on the criteria likely to be in effect in future HPTN HIV prevention studies. Participants' eligibility for the study relative to these criteria will be determined based on participant self-report.

3.2.1 Criteria for Females at Heterosexual Risk

The following criteria will be used to identify females eligible for inclusion in the study at the Chennai study site:

- Had vaginal or anal sex with an HIV-infected male partner at least once per week during the last six months.
- Diagnosed or have been treated with an STD in the last six months.
- Had five or more male sex partners in the last six months.

3.2.2 Criteria for Men at Heterosexual Risk

The following criteria will be used to identify males eligible for inclusion in the study at the Chennai study site:

- Had vaginal or anal sex with an HIV-infected female partner at least once per week during the last six months.
- Exchanged money or drugs for sex with a female partner at least five times in the last six months.
- Diagnosed or have been treated with an STD in the last six months.

3.2.3 Criteria for Injection Drug Users

The following criteria will be used to identify males and females eligible for inclusion in the study at the Xinjiang, Guangxi, and Saint Petersburg study sites:

- Injected drugs at least three times per week in the last month.
- Injected drugs on at least three occasions in the last three months using injection equipment after another person

3.3 Exclusion Criteria

Persons who meet any of the following criteria will be excluded from the study.

- Have an obvious psychological/psychiatric disorder that would preclude provision of informed consent or otherwise contraindicate study participation.

- Have any other condition that, in the opinion of the investigator, would preclude provision of informed consent, make participation in the study unsafe, complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives.

3.4 Participant Withdrawal

Once a participant has enrolled in the study, the study site will make every reasonable effort to retain him/her for 12 months of follow-up, or until observation of a primary study endpoint (i.e., HIV seroconversion). Retention rates of at least 95 percent semiannually are targeted. Study site staff are responsible for developing and implementing local standard operating procedures to achieve this high level of follow-up.

However, participants may withdraw from the study for any reason at any time. The investigator also may withdraw participants from the study in order to protect their safety and/or if they are unwilling or unable to comply with required study procedures. Participants also may be withdrawn if the sponsor or regulatory authorities terminate the study prior to its planned end date. Every reasonable effort will be made to complete final HIV testing of participants who terminate from the study prior to completing 12 months of follow-up, and study staff will record the reason(s) for all withdrawals from the study in participants' study records.

4 STUDY PROCEDURES FOR SITES PERFORMING RAPID HIV TESTING

The study site in Chennai will perform rapid HIV testing for this study, and will adhere to the visit and procedures schedule specified in this section. Eligibility related to HIV serostatus will be ascertained via rapid local HIV testing in accordance with one of the algorithm options in Appendix III.

4.1 Screening and Enrollment Visit (Day 0)

Study participants will undergo eligibility screening and potential enrollment in the study during an in-person study visit. Written informed consent will be obtained prior to the conduct of any study procedures. Demographic and behavioral eligibility will be determined based on participant responses to a standard interview instrument. Eligibility related to HIV serostatus will be ascertained via rapid local HIV testing in accordance with one of the algorithm options in Appendix III. Participants who test HIV-negative will be enrolled in the study. Participants who test HIV-positive will not be enrolled.

- Ascertain participant identity and assign Participant ID number.
- Explain the purpose of the visit and the informed consent and eligibility determination processes.
- Obtain written informed consent.
- Collect participant contact and locator information.
- Administer Demographics Form.
- Administer Screening Questionnaire.

  ⇒ If the participant does not meet the study eligibility criteria, he/she is ineligible; discontinue participation.

  ⇒ If the participant does meet the study eligibility criteria, proceed with the following:

  - Administer Risk Assessment. *Note: The Risk Assessment must be administered **prior to** the delivery of HIV counseling.*
  - Deliver HIV pre-test and risk reduction counseling; obtain written informed consent for HIV counseling if required by local regulations. *Note: Counseling must be delivered **after** administration of the Risk Assessment.*
  - Refer participant to local healthcare, social service, and/or other providers if needed.

- Collect, process, and deliver blood (one 10 ml purple top tube) for HIV testing at the LL, according to one of the algorithm options in Appendix III; process and store plasma.

- Receive and document the participant's HIV test results; prepare accordingly for the post-test counseling session.

- Deliver HIV test result and post-test counseling.

  ⇒ If HIV infection is suspected (i.e., the rapid EIA is reactive), the participant is presumptively ineligible:

    - Discontinue the study screening and enrollment process.

    - Collect, process, and deliver blood (one 10 ml purple top tube) for confirmatory re-testing at the LL, according to one of the algorithm options in Appendix III; process and store plasma. (This step is optional, unless mandated by local law or if two rapid test have provided discordant results.)

    - Schedule appointment for participant to receive confirmatory test results. If HIV infection is confirmed by Western blot (WB), immunofluorescence assay (IFA), or a third rapid test, refer participant to appropriate medical and psychosocial services and other available research studies.

    - Complete and submit required data collection forms.

  ⇒ If HIV infection is ruled out (i.e., the rapid EIA is not reactive), the participant is eligible:

    - Refer participant to local healthcare, social service, and/or other providers if needed.

    - Schedule first Locator Contact to occur at study Month 3 and first semiannual Follow-up Visit to occur at study Month 6.

    - Provide study site contact information and instructions to contact the site for additional information about the study, HIV counseling, and/or HIV testing, if needed, prior to the Month 3 contact.

- Complete and submit all required data collection forms.

4.2 Locator Contacts (Months 3 and 9)

Locator Contacts are scheduled to take place three and nine months from each participant's study enrollment date. However, the Month 3 contact may take place any time between the three-month timepoint and the participant's Month 6 Follow-up Visit, and the Month 9 contact may take place any time between the nine-month timepoint and the participant's Month 12 Follow-up Visit. The contacts also may take place via any modality that the study site deems appropriate for its local study population.

- Confirm participant identity and ID number.
- Update locator information.
- Reiterate study site contact information and instructions to contact the site for additional information about the study, HIV counseling, and/or HIV testing, if needed, prior to the next scheduled visit.
- Refer participant to local healthcare, social service, and/or other providers if needed.
- Confirm schedule for next semiannual Follow-up Visit.
- Complete and submit all required data collection forms.

4.3 Follow-up Visits (Months 6 and 12)

Follow-up Visits are scheduled to take place six and 12 months from each participant's study enrollment date, however they may take place any time within the period extending from 14 days prior to the target date to 30 days after the target date. Visits that do not take place during this interval are treated as "interim visits" (see Section 4.4) in which HIV counseling and testing should be provided, however the behavioral risk assessment should not be administered. Participants who test HIV-negative at study Month 6 will be maintained in study follow-up. Participants who test HIV-positive will be discontinued from the study.

- Confirm participant identity and ID number.
- Update locator information.
- Administer Risk Assessment. *Note: The Risk Assessment must be administered **prior to** the delivery of HIV counseling, by a staff member who has **not** previously provided HIV counseling to the participant.*

- Deliver HIV pre-test and risk reduction counseling; obtain written informed consent for HIV counseling if required by local regulations. *Note: Counseling must be delivered **after** administration of the Risk Assessment.*

- Collect, process, and deliver blood (one 10 ml purple top tube) for HIV testing at the LL, according to one of the algorithm options in Appendix III; process and store plasma.

- Receive and document the participant's HIV test results; prepare accordingly for the post-test counseling session.

- Deliver HIV test result and post-test counseling; refer participant to local healthcare, social service, and/or other providers and research studies, if needed:

  ⇒ If HIV infection is suspected (i.e., the rapid EIA is reactive):

  - Collect, process, and deliver blood (one 10 ml purple top tube) for confirmatory re-testing at the LL, according to one of the algorithm options in Appendix III; process and store plasma.

  - Schedule appointment for participant to receive confirmatory test results. If HIV infection is confirmed by WB or IFA, discontinue the participant from this study and refer him/her to appropriate medical and psychosocial services and other available research studies.

  - Complete and submit required data collection forms.

  ⇒ If HIV infection is ruled out (i.e., the rapid EIA is not reactive):

  - At study Month 6, schedule next Locator Contact to occur at study Month 9 and next Follow-up Visit to occur at study Month 12.

  - At study Month 6, reiterate study site contact information and instructions to contact the site for additional information about the study, HIV counseling, and/or HIV testing, if needed, prior to the Month 9 contact.

  - At study Month 12, obtain permission to contact the participant regarding future studies.

  - Complete and submit all required data collection forms.

4.4 Interim Contacts and Visits

Interim contacts and visits may be conducted at participant request at any time during the study. Interim HIV counseling and testing will be provided as needed in response to participant reports of potential exposure to HIV. All interim contacts and visits, and the results of all interim HIV tests, will be documented in participants study records and on applicable case report forms.

5 STUDY PROCEDURES FOR SITES NOT PERFORMING RAPID HIV TESTING

The study sites in Xinjiang, Guangxi, and Saint Petersburg will perform standard (non-rapid) HIV testing for this study, and will adhere to the visit and procedures schedule specified in this section

5.1 Screening Visit (Approximately Day -7 to –14, or earlier if HIV test results are available before 7 days)

Study participants will undergo eligibility screening during an in-person study visit. Written informed consent will be obtained prior to the conduct of any study procedures. Demographic and behavioral eligibility will be determined based on participant responses to a standard interview instrument. Eligibility related to HIV serostatus will be ascertained via local HIV testing in accordance with the algorithm in Appendix IV.

- Ascertain participant identity and assign Participant ID number.
- Explain the purpose of the visit and the informed consent and eligibility determination processes.
- Obtain written informed consent.
- Collect participant contact and locator information.
- Administer Demographics Form.
- Administer Screening Questionnaire.

  ⇒ If the participant does not meet the study eligibility criteria, he/she is ineligible; discontinue participation.

  ⇒ If the participant does meet the study eligibility criteria, proceed with the following:

  - Administer Risk Assessment. *Note: The Risk Assessment must be administered **prior to** the delivery of HIV counseling.*

- Deliver HIV pre-test and risk reduction counseling; obtain written informed consent for HIV counseling if required by local regulations. *Note: Counseling must be delivered **after** administration of the Risk Assessment.*

- Refer participant to local healthcare, social service, and/or other providers if needed.

- Collect, process, and deliver blood (one 10 ml purple top tube) to for HIV testing at the LL (Appendix IV). Process and store plasma.

- Schedule Enrollment Visit to occur in approximately 7-14 days (or earlier, if HIV test results are available before day 7).

- Provide study site contact information and instructions to contact the site for additional information about the study and/or HIV counseling, if needed, prior to the Enrollment Visit.

- Complete and submit all required data collection forms.

5.2 Between Screening and Enrollment

- Receive and document the participant's test result; prepare accordingly for the participant's Enrollment Visit.

- Complete and submit all required data collection forms.

5.3 Enrollment Visit (Day 0)

Regardless of HIV test result, participants who undergo HIV testing at a study Screening Visit will also complete an Enrollment Visit during which — at a minimum — their HIV test results will be disclosed and HIV post-test counseling will be provided. Participants who test HIV-negative also will be enrolled in the study. Participants who test HIV-positive will not be enrolled.

- Confirm participant identity and ID number.

- Update locator information.

- Deliver HIV test result and post-test counseling; refer participant to local healthcare, social service, and/or other providers and research studies, if needed.

⇒ If HIV infection is confirmed by WB or IFA, the participant is ineligible:

- Discontinue the study screening and enrollment process.
- Collect, process, and deliver blood (one 10 ml purple top tube) for confirmatory re-testing at the LL, according to Appendix IV; process and store plasma. (This step is optional, unless mandated by local law.)
- Schedule appointment for participant to receive confirmatory test results, if necessary.
- Complete and submit all required data collection forms.

⇒ If HIV status is indeterminate (i.e., EIA is reactive and WB or IFA is indeterminate):

- Collect, process, and deliver blood (one 10 ml purple top tube) for repeat testing at the LL, according to Appendix IV; process and store plasma.
- Schedule post-test visit in approximately 7-14 days (or earlier, if HIV test results are available before day 7)
- Complete and submit all required data collection forms.
- Repeat specimen collection, counseling, and testing procedures until HIV status is resolved.

⇒ If HIV infection is ruled out (i.e., the EIA is not reactive or the WB/IFA is negative), the participant is eligible:

- Schedule first Locator Contact to occur at study Month 3 and first Pre-Test Follow-up Visit to occur at study Month 6.
- Reiterate study site contact information and instructions to contact the site for additional information about the study, HIV counseling, and/or HIV testing, if needed, prior to the Month 3 contact.
- Complete and submit all required data collection forms.

5.4 Locator Contacts (Months 3 and 9)

Locator Contacts are scheduled to take place three and nine months from each participant's study enrollment date. However, the Month 3 contact may take place any time between the three-month timepoint and the participant's Month 6 Follow-up Visit, and the Month 9 contact may take place any time between the nine-month timepoint and the participant's Month 12 Follow-up Visit. The contacts also may take place via any modality that the study sites deems appropriate for its local study population.

- Confirm participant identity and ID number.
- Update locator information.
- Reiterate study site contact information and instructions to contact the site for additional information about the study, HIV counseling, and/or HIV testing, if needed, prior to the next scheduled visit.
- Refer participant to local healthcare, social service, and/or other providers if needed.
- Confirm schedule for next Follow-up Pre-Test Visit.
- Complete and submit all required data collection forms.

5.5 Follow-up Pre-Test Visits (Months 6 and 12)

Follow-up Pre-Test Visits are scheduled to take place six and 12 months from each participant's study enrollment date, however they may take place any time within the period extending from 14 days prior to the target date to 30 days after the target date. Visits that do not take place during this interval are treated as "interim visits" (see Section 5.8) in which HIV counseling and testing should be provided, however the behavioral risk assessment should not be administered.

- Confirm participant identity and ID number.
- Update locator information.
- Administer Risk Assessment. *Note: The Risk Assessment must be administered **prior to** the delivery of HIV counseling, by a staff member who has **not** previously provided HIV counseling to the participant.*
- Deliver HIV pre-test and risk reduction counseling; obtain written informed consent for HIV counseling if required by local regulations. *Note: Counseling must be delivered **after** administration of the Risk Assessment.*

- Collect, process, and deliver blood (one 10 ml purple top tube) for confirmatory re-testing at the LL, according to Appendix IV; process and store plasma.

- Schedule Follow-up Post-Test Visit to occur in approximately 7-14 days (or earlier, if HIV test results are available before day 7).

- Reiterate study site contact information and instructions to contact the site for additional information about the study and/or HIV counseling, if needed, prior to the Follow-up Post-Test Visit.

- Complete and submit all required data collection forms.

5.6 Between Pre-Test and Post-Test

- Receive and document the participant's test result; prepare accordingly for the participant's Follow-up Post-Test Visit.

- Complete and submit all required data collection forms.

5.7 Follow-up Post-Test Visits

Regardless of HIV test result, participants who undergo HIV testing at a Follow-up Pre-Test Visit will complete a Follow-up Post-Test Visit during which (at a minimum) their HIV test results will be disclosed and HIV post-test counseling will be delivered. Participants who test HIV-negative at study Month 6 will be maintained in study follow-up. Participants who test HIV-positive will be discontinued from the study.

- Confirm participant identity and ID number.

- Update locator information.

- Deliver HIV test result, and post-test counseling; refer participant to local healthcare, social service, and/or other providers and research studies, if needed.

  ⇒ If HIV infection is confirmed by WB or IFA:

  - Discontinue the participant from the study.

  - Collect, process, and deliver blood (one 10 ml purple top tube) for confirmatory re-testing at the LL, according to Appendix IV; process and store plasma.

- Schedule appointment for participant to receive confirmatory test results.

- Complete and submit all required data collection forms.

⇒ If HIV status is indeterminate (i.e., the EIA is reactive and the WB or IFA is indeterminate):

- Collect, process, and deliver blood (one 10 ml purple top tube) for repeat testing at the LL, according to Appendix IV; process and store plasma.

- Schedule post-test visit in approximately 7-14 days (or earlier, if HIV test results are available before day 7).

- Complete and submit required data collection forms.

- Repeat specimen collection, counseling, and testing procedures until HIV status is resolved.

⇒ If HIV infection is ruled out (i.e., the EIA is not reactive or the WB/IFA is negative):

- At study Month 6, schedule next Locator Contact to occur at study Month 9 and next Follow-up Pre-Test Visit to occur at study Month 12.

- At study Month 6, reiterate study site contact information and instructions to contact the site for additional information about the study, HIV counseling, and/or HIV testing, if needed, prior to the Month 9 contact.

- At study Month 12, obtain permission to contact the participant regarding future studies.

- Complete and submit all required data collection forms.

5.8 Interim Contacts and Visits

Interim contacts and visits may be conducted at participant request at any time during the study. Interim HIV counseling and testing will be provided as needed in response to participant reports of potential exposure to HIV. All interim contacts and visits — and the results of all interim HIV tests— will be documented in participants study records and on applicable case report forms.

6 STATISTICAL CONSIDERATIONS

6.1 General Design

This is a prospective cohort study. Accrual of 500 participants per site will be completed over the course of six months. Follow-up assessments will be completed at six and 12 months from the time of enrollment.

6.1.1 Primary Endpoint

Consistent with the primary study objective, HIV seroconversions observed during the study follow-up period will be assessed as primary study endpoints.

6.1.2 Secondary Endpoints

Consistent with the secondary study objectives, the following secondary endpoints will be assessed:

- Participants screened for the study, and the screening outcome for each screenee.
- Participants enrolled in the study.
- Participants retained for 12 months of study follow-up.
- Demographic characteristics of persons screened for and/or enrolled in the study, including:
  - Age
  - Gender
  - Race/ethnicity
  - Educational level
  - Employment status
  - Income level
- HIV risk behaviors reported by persons screened for and/or enrolled in the study, including:
  - Number of sex partners.

- Frequency of vaginal intercourse.
- Frequency of unprotected vaginal intercourse.
- Frequency of anal intercourse.
- Frequency of unprotected anal intercourse.
- Frequency of injection drug use.
- Frequency of sharing injection drug equipment
- Frequency of sharing injection drug equipment without cleaning.

- .

6.2 Accrual, Follow-up, and Sample Size

Each participating study site will target accrual of 500 study participants within the six-month accrual period. This target is consistent with the likely site-specific accrual requirements of future HPTN multisite HIV prevention studies. Each site will also target retention of 95 percent of enrolled participants semiannually, or about 90 percent through 12 months of follow-up. This target is consistent with the likely requirements of future HPTN prevention studies. Study sites are responsible for establishing local standard operating procedures to meet their accrual and retention targets.

As will be described below, assessment of the primary study outcomes related to accrual and retention will not require statistical analysis. However the precision of study estimates of HIV seroincidence depends on the number of participants enrolled and retained in the study. The following table presents the half-width of the 95 percent confidence intervals around estimates of HIV seroincidence associated with several different "true" rates of HIV infection (I) and various combinations of six-month accrual rates (A) and 12-month retention rates (R).

	A=300		A=500		A=1000		A=2000	
	R=80%	R=90%	R=80%	R=90%	R=80%	R=90%	R=80%	R=90%
I=2%	1.73	1.66	1.34	1.28	0.95	0.91	0.67	0.64
I=5%	2.71	2.60	2.10	2.01	1.49	1.42	1.05	1.01
I=8%	3.41	3.26	2.64	2.53	1.87	1.79	1.32	1.26

As shown, given target accrual and retention rates, the half-width of the confidence interval around site-specific incidence rates of five percent will be about two percent, and the half-width of the confidence interval around site-specific incidence rates of eight percent will be about two-and-a-half percent.

6.3 Data Monitoring and Analysis

6.3.1 Data Monitoring

Close cooperation between the Protocol Chair, study site Investigators and Coordinators, NIAID Representative, Protocol Coordinator, Biostatistician, Data Managers, and other study team members will be necessary to track study progress, respond to queries about proper study implementation, and address other issues in a timely manner. Rates of accrual, follow-up, and protocol compliance will be monitored closely by the study team. Each study site Investigator is responsible for ongoing monitoring of accrual and follow-up rates, and ensuring the rapid deployment of additional and/or alternative procedures to address any shortfalls. Representatives of the HPTN Coordinating and Operations Center (CORE) and SDMC will also evaluate these rates on a regular basis, and provide technical assistance to the study sites if needed to address shortfalls. In addition, the HPTN Executive Committee and Science Working Group Chairs will evaluate the accrual, retention, and HIV seroincidence rates observed in this study to evaluate the feasibility of conducting future HPTN HIV prevention research in the study sites.

6.3.2 Data Analysis

Corresponding to the primary study objectives, an HIV seroincidence rate will be computed for each study site, as the total number of confirmed HIV seroconversions divided by the total number of person-years of follow-up. Confidence intervals will be calculated based on Poisson distribution assumptions.

Corresponding to secondary study objectives, the following secondary analyses will be performed:

- The study accrual process will be described by tabulating the number and rate of potential participants screened for and enrolled in the study at each site, overall and by month during the accrual period. The total number enrolled will be compared to the accrual target of 500, and reasons for ineligibility for the study will be tabulated.

- The number of participants retained in each study follow-up interval, and across all four intervals, will be tabulated for each site. Retention rates also will be calculated. The denominator for these calculations will be the total number of participants enrolled in the study at the site. The numerator will include all participants

at the site who complete a Follow-up (Pre-Test) Visit during the interval and/or are known to have become HIV-infected or to have died during a previous interval. Retention rates for each site will be compared to the semiannual target of 95 percent.

- The demographic characteristics of persons screened for and/or enrolled in the study at each site will be described. At a minimum, the characteristics listed in Section 6.1.2 will be tabulated.

- The HIV risk behaviors of persons screened for and/or enrolled in the study at each site will be described. At a minimum, the frequency of each of the outcomes listed in Section 6.1.2 will be tabulated.

7 HUMAN SUBJECTS CONSIDERATIONS

7.1 Ethical Review

This protocol and the template informed consent form contained in Appendices V and VI — and any subsequent modifications — will be reviewed and approved by the HPTN PRC and DAIDS PSRC with respect to scientific content and compliance with applicable research and human subjects regulations. Substudies, if any, will undergo PRC and PSRC review as well.

The protocol, site-specific informed consent form, participant education and recruitment materials, and other requested documents — and any subsequent modifications — will be reviewed and approved by the IRB(s)/EC(s) responsible for oversight of research conducted at the study site. IRB/EC review and approval will also be sought for substudies, if any.

Subsequent to initial review and approval, the local IRB/EC will review the protocol for this study and any substudies at least annually. The investigator will make safety and progress reports to the IRB/EC at least annually, and within three months of study termination or completion. These reports will include the total number of participants enrolled in the study, the number of participants who completed the study, all changes in the research activity, and all unanticipated problems involving risks to human subjects or others.

7.2 Informed Consent

Written informed consent will be obtained from each study participant (or the parents or legal guardians of participants who cannot consent for themselves). Each study site is responsible for developing study informed consent forms for local use, based on the templates in Appendices V, VI, or VII, that describe the purpose of the study, the procedures to be followed, and the risks and benefits of

participation, in accordance with all applicable regulations. The study site also is responsible for translating the template form into local languages, and verifying the accuracy of the translation by performing an independent back-translation.

The HPTN CORE will review all site-specific informed consent forms and back-translations and approve them for use according to DAIDS policies; study site staff may not begin obtaining informed consent from study participants until after receiving HPTN CORE approval, in the form of confirmed "site activation" to begin study operations.

Participants (or their parents or legal guardians) will be provided with a copy of their informed consent form if they are willing to receive it. Study staff will document the informed consent process as described in the study-specific procedures manual.

7.3 Risks

Study participants may feel discomfort when their blood is drawn. They also may feel dizzy or faint, or experience bruising or swelling at the phlebotomy site. Participants may become embarrassed, worried, or anxious when completing their HIV risk assessment and/or receiving HIV counseling. They also may become worried or anxious while waiting for their HIV test results. Trained counselors will be available to help participants deal with these feelings.

Although study sites will make every effort to protect participant privacy and confidentiality, it is possible that participants' involvement in the study could become known to others, and that social harms may result (i.e., because participants could become known as HIV-infected or at "high risk" for HIV infection). For example, participants could be treated unfairly or discriminated against, or could have problems being accepted by their families and/or communities.

7.4 Benefits

There may be no benefit to participants in this study. However, the study may provide information that could benefit participants and others in the future. Participants will receive free HIV counseling and testing throughout the study and, although the study cannot provide medical care and other services to participants, study staff will refer participants to other organizations for these services. In particular, participants who are found to be infected with HIV will be referred to available medical services, other psychosocial services, and research studies for HIV-infected persons.

7.5 Confidentiality

All study-related information will be stored securely at the study site. All participant information will be stored in locked file cabinets in areas with limited access. All laboratory specimens, reports, data collection, process, and administrative forms will be identified by a coded number only to maintain participant confidentiality. All records that contain names or other personal identifiers, such as locator forms and informed consent forms, will be stored separately from study records identified by code number. All local databases will be secured with password-protected access systems. Forms, lists, logbooks, appointment books, and any other listings that link participant ID numbers to other identifying information will be stored in a separate, locked file in an area with limited access.

Participants' study information will not be released outside of the study without the written permission of the participant, except as necessary for monitoring by NIAID and/or its contractors (e.g., the DAIDS monitoring contractor), representatives of the HPTN CORE, SDMC, and/or CL, and US or in-country government and regulatory authorities.

7.6 Incentives

Provided approval is obtained from the local IRB/EC, participants will be compensated for their time and effort in this study. Consistent with local standards of practice, participants may receive compensation in the form of cash or check, merchandise, or gift certificates at each study visit. They also may be reimbursed for the costs of lost work, travel, and/or childcare associated with study visits. The amount and form of reimbursement offered at each site will be specified in the site-specific informed consent form.

7.7 Communicable Disease Reporting Requirements

Study staff will comply with all applicable local requirements to report communicable diseases identified among study participants to local health authorities. Participants will be made aware of all reporting requirements during the study informed consent process.

7.8 Study Discontinuation

The study may be discontinued at any time by NIAID, the HPTN, and US or in-country government and regulatory authorities.

8 LABORATORY SPECIMENS AND BIOHAZARD CONTAINMENT

8.1 Local Laboratory Specimens

Blood will be collected as described in Sections 4 and 5 for HIV antibody testing, and specimen storage at the LL. For screening, HIV testing at each study site will be performed as per algorithm in Appendix III or IV, however for confirmation of an HIV positive test result, a second sample will only be drawn if mandated by local law. During follow-up, HIV testing at each study site will be performed in accordance with either the algorithm in Appendix III or the algorithm in Appendix IV, and plasma will be frozen and stored at the time of each HIV test. Study sites will adhere to standards of good laboratory practices; the HPTN Manual of Laboratory Operations; and local standard operating procedures for proper collection, processing, labeling, transport, and storage of specimens at the local lab. Specimen collection, testing, and storage will be documented using the HPTN Laboratory Data Management System (LDMS).

8.2 Central Laboratory Specimens

Study sites will ship frozen plasma specimens — representing approximately 10 percent of all samples collected — to the HPTN CL for quality assurance testing. Throughout the course of the study, on a quarterly basis, the HPTN CL will select a random sample of stored specimens to test for quality assurance purposes. The CL will inform site staff of the samples selected for quality assurance testing, and site staff will ship the selected specimens to the CL. All specimens will be shipped in accordance with the HPTN Manual of Laboratory Operations and IATA specimen shipping regulations. All shipments will be documented using the HPTN LDMS. The CL will test the specimens for HIV antibody and compare the results of their tests with the results obtained by the local labs. CL staff will follow-up directly with site staff to resolve any quality assurance problems identified through this process.

8.3 Additional Quality Control and Quality Assurance Procedures

In addition to the study-specific quality assurance testing described above, the CL has established proficiency testing at each study site. CL staff also will conduct periodic visits to each site to assess the implementation of on-site quality control procedures, including proper maintenance of laboratory testing equipment, use of appropriate reagents, etc. CL staff will follow-up directly with site staff to resolve any quality control or quality assurance problems identified through proficiency testing and/or on-site assessments.

8.4 Specimen Storage and Possible Research Testing

Study site staff will store all plasma specimens collected in this study at least through the end of the study. All plasma specimens will be subject to possible

quality assurance testing — for HIV antibody — as described in Section 8.2. In addition, study participants will be asked to provide written informed consent for their plasma specimens to be stored after the end of the study for possible future testing other than HIV antibody testing. The specimens of participants who do not consent to long-term storage and additional testing will be destroyed at the end of the study, after all quality assurance testing has been completed.

8. 5 Biohazard Containment

As the transmission of HIV and other blood-borne pathogens can occur through contact with contaminated needles, blood, and blood products, appropriate blood and secretion precautions will be employed by all personnel in the drawing of blood and shipping and handling of all specimens for this study, as currently recommended by the US Centers for Disease Control and Prevention.

9 ADMINISTRATIVE PROCEDURES

9.1 Study Coordination

Study implementation at all sites will be directed by this protocol as well as a common study-specific procedures manual. This manual will outline procedures for conducting study visits, collecting and submitting study data, collecting and shipping specimens, and other study operations. Study case report forms will be developed by the study team and HPTN SDMC. Data will be transferred to the HPTN SDMC, entered, and cleaned using the DataFax data management system. Quality control reports and queries will be routinely sent back to the site for verification and resolution.

Close cooperation between the study site Investigators and Coordinators, NIAID Representative, Protocol Coordinator, Biostatistician, Data Managers, and other study team members will be necessary to track study progress, respond to queries about proper study implementation, address issues in a timely manner, and assure consistent participant management, documentation, and information sharing. Rates of accrual, follow-up, and protocol compliance will be monitored closely by the study team. Representatives of the HPTN CORE and SDMC also will evaluate these rates on a regular basis.

9.2 Study Monitoring

On-site study monitoring will be performed in accordance with DAIDS policies. Study monitors will visit the site to

- verify compliance with human subjects and other research regulations and guidelines;

- assess adherence to the study protocol, study-specific procedures manual, and locally-accepted HIV counseling practices; and

- confirm the quality and accuracy of information collected at the study site and entered into the study database.

Site investigators will allow study monitors to inspect study facilities and documentation (e.g., informed consent forms, clinic and laboratory records, other source documents, case report forms), as well as observe the performance of study procedures. Investigators also will allow inspection of all study-related documentation by authorized representatives of the HPTN CORE, SDMC, CL, NIAID, and US and in-country government and regulatory authorities. A site visit log will be maintained at the study site to document all visits.

9.3 Protocol Compliance

The study will be conducted in full compliance with the protocol. The protocol will not be amended without prior written approval by the Protocol Chair or designee; all protocol amendments will be submitted to and approved by the relevant site IRBs/ECs and the HPTN CORE prior to implementing the amendment.

9.4 Investigator's Records

The study site investigator will maintain, and store in a secure manner, complete, accurate, and current study records throughout the study. The investigator will retain all study records for at least five years after the completion of the study, unless directed otherwise by the HPTN CORE. Study records include administrative documentation — including site registration documents and all reports and correspondence relating to the study — as well as documentation related to each participant screened for and/or enrolled in the study — including informed consent forms, locator forms, case report forms, notations of all contacts with the participant, and all other source documents.

9.5 Use of Information and Publications

Publication of the results of this study will be governed by HPTN and DAIDS policies. Any presentation, abstract, or manuscript will be made available by the investigator to the HPTN Manuscript Review Committee and DAIDS for review prior to submission.

Appendix I

HPTN 033
HIV Prevention Preparedness Study

SCHEDULE OF EVENTS FOR SITES PERFORMING RAPID HIV TESTING

PROCEDURE	Screening and Enrollment Visit	Month 3 Contact	Month 6 Follow-up Visit	Month 9 Contact	Month 12 Follow-up Visit
Obtain informed consent	X				
Collect demographic information	X				
Collect/update locator information	X	X	X	X	X
Determine eligibility	X				
Administer risk assessment	X		X		X
Provide HIV pre-test and risk reduction counseling	X	[X]	X	[X]	X
Perform HIV antibody testing, store specimens	X	[X]	X	[X]	X
Provide HIV test result and post-test counseling	X	[X]	X	[X]	X
Provide contact information and instructions	X	X	X	X	X
Complete and submit data collection forms	X	X	X	X	X

[X]=If requested by participant.

Appendix II

HPTN 033
HIV Prevention Preparedness Study

SCHEDULE OF EVENTS FOR SITES NOT PERFORMING RAPID HIV TESTING

PROCEDURE	Screening Visit	Enrollment Visit	Month 3 Contact	Month 6 Pre-Test Visit	Month 6 Post-Test Visit	Month 9 Contact	Month 12 Pre-Test Visit	Month 12 Post-Test Visit
Obtain informed consent	X							
Collect demographic information	X							
Collect/update locator information	X	X	X	X	X	X	X	X
Determine eligibility	X							
Administer risk assessment	X			X			X	
Provide HIV pre-test and risk reduction counseling	X		[X]	X		[X]	X	
Perform HIV antibody testing, store specimens	X		[X]	X		[X]	X	
Provide HIV test result and post-test counseling		X	[X][a]		X	[X][a]		X
Provide contact information and instructions	X	X	X	X	X	X	X	X
Complete and submit data collection forms	X	X	X	X	X	X	X	X

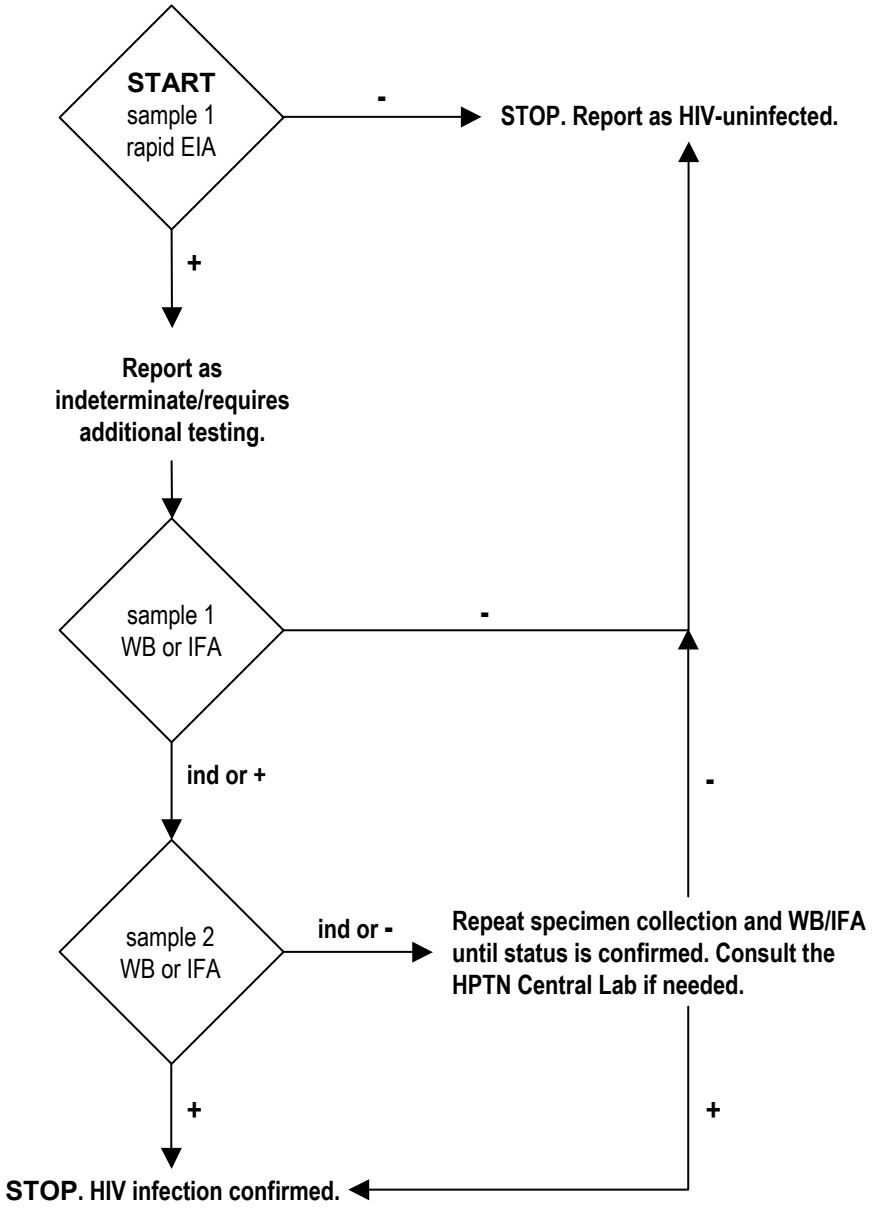
[X]=If requested by participant.

a=
approximately7-14 days after phlebotomy, when results are available.

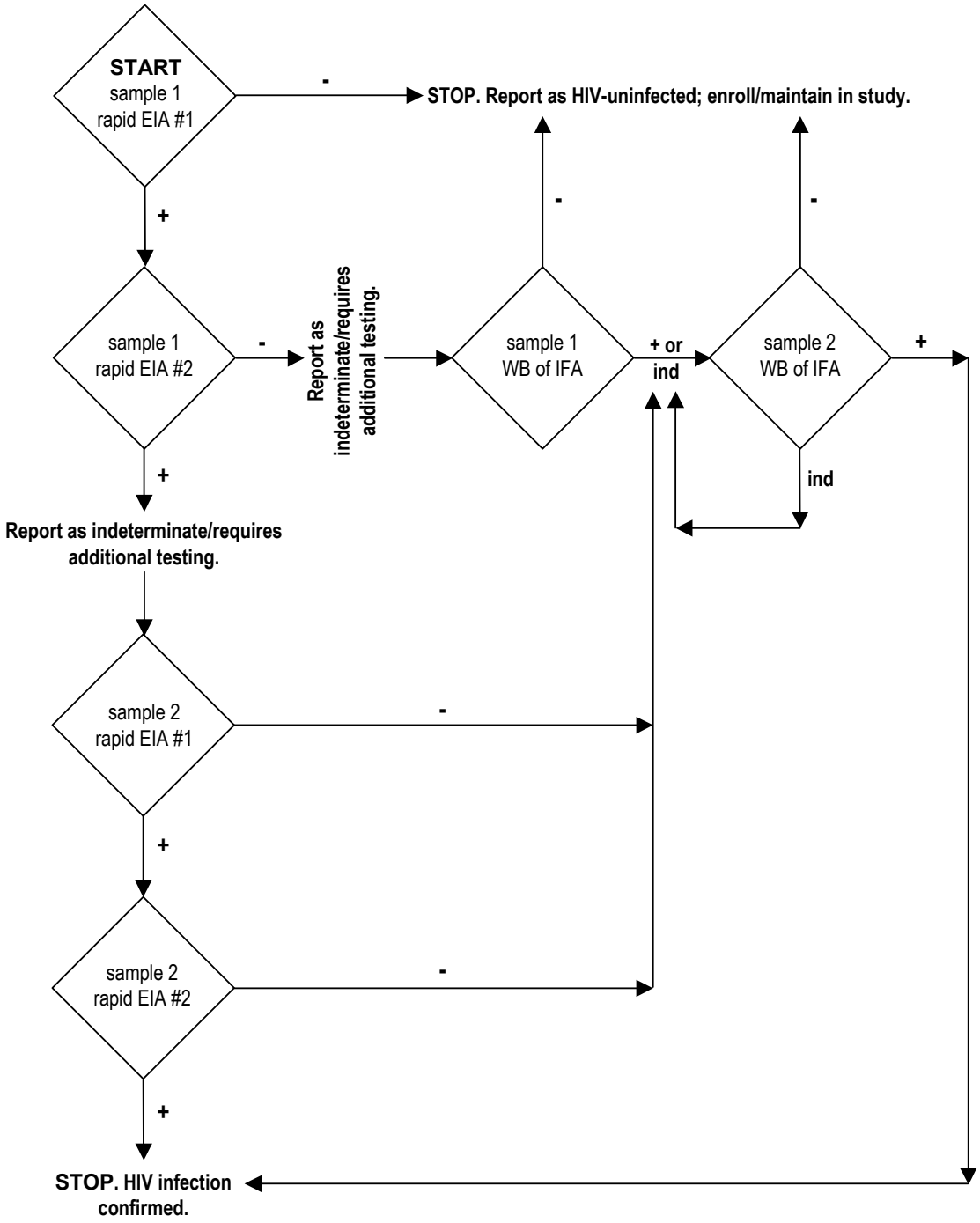
Appendix III

HPTN 033
HIV Prevention Preparedness Study

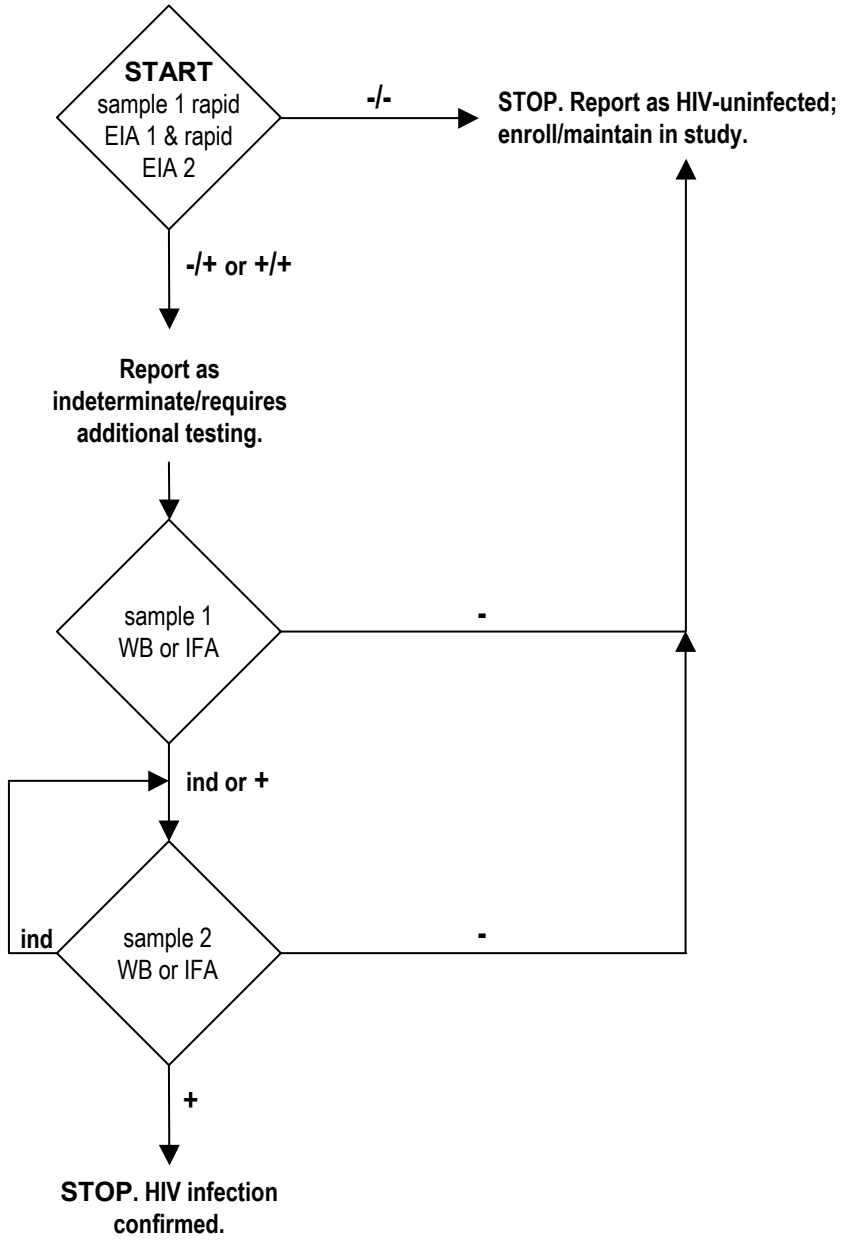
HIV ANTIBODY TESTING ALGORITHM FOR SITES PERFORMING RAPID TESTING - OPTION A



HIV ANTIBODY TESTING ALGORITHM FOR SITES PERFORMING RAPID TESTING - OPTION B



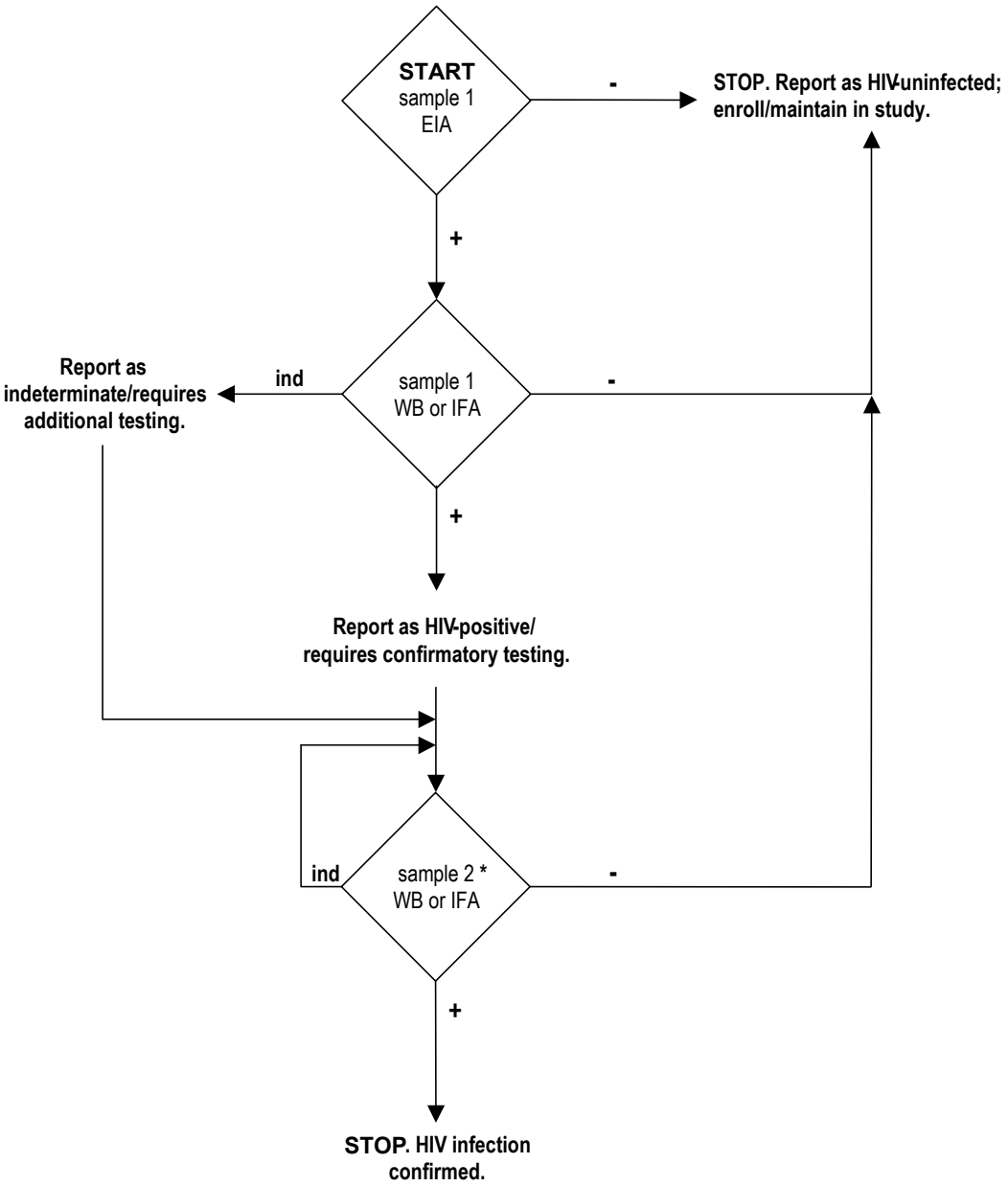
HIV ANTIBODY TESTING ALGORITHM FOR SITES PERFORMING RAPID TESTING - OPTION C



Appendix IV

HPTN 033
HIV Prevention Preparedness Study

HIV ANTIBODY TESTING ALGORITHM FOR SITES NOT PERFORMING RAPID TESTING



* Note: For the Screening/Enrollment Visit only, the sample 2 blood draw is optional (unless mandated by local law). Otherwise the algorithm depicted must be followed in completion for endpoint determination.

Appendix V

HPTN 033
HIV Prevention Preparedness Study

TEMPLATE INFORMED CONSENT FORM
DIVISION OF AIDS, NIAID, NIH

FOR SITES PERFORMING RAPID HIV TESTING

REMINDER TO CLINICAL SITES: DO NOT USE PREAMBLE IN LOCAL CONSENTS.

NOTE FROM OHRP (OFFICE FOR HUMAN RESEARCH PROTECTION) TO SITES ENROLLING PARTICIPANTS IN THIS STUDY:

PLEASE NOTE THAT THIS SAMPLE LANGUAGE DOES NOT PREEMPT OR REPLACE LOCAL IRB REVIEW AND APPROVAL. INVESTIGATORS ARE REQUIRED TO PROVIDE THE LOCAL IRB WITH A COPY OF THIS SAMPLE CONSENT ALONG WITH THE LANGUAGE INTENDED FOR LOCAL USE. LOCAL IRBS ARE REQUIRED TO WEIGH THE UNIQUE RISKS, CONSTRAINTS, AND POPULATION CONSIDERATIONS AS A CONDITION OF ANY APPROVAL. ANY DELETION OF SUBSTANTIVE CHANGE OR INFORMATION CONCERNING RISKS OR ALTERNATIVE TREATMENTS MUST BE JUSTIFIED BY THE INVESTIGATOR, APPROVED BY THE LOCAL IRB AND NOTED IN THE IRB MINUTES. JUSTIFICATION AND IRB APPROVAL OF SUCH CHANGES MUST BE FORWARDED TO FHI FOR ANY HPTN TRIAL. SPONSOR-APPROVED CHANGES IN AN HPTN PROTOCOL MUST BE APPROVED BY THE LOCAL IRB BEFORE USE UNLESS INTENDED FOR THE ELIMINATION OF APPARENT IMMEDIATE HAZARD. NEW INFORMATION SHALL BE SHARED WITH EXISTING SUBJECTS AT NEXT ENCOUNTER, WITH ALL NEW SUBJECTS PRIOR TO INVOLVEMENT, OR AS THE LOCAL IRB MAY OTHERWISE ADDITIONALLY REQUIRE.

HPTN 033
HIV Prevention Preparedness Study, Version 2.0

Principal Investigator: [name]
Telephone Number: [xxx-xxx-xxxx]

INFORMED CONSENT

You are being asked to take part in the research study named above. This is a study of HIV infection. HIV is the virus that causes AIDS. [Institution] is conducting this study with funding from the United States National Institute of Allergy and Infectious Diseases (NIAID). Before you can decide whether or not to take part in this study, we would like to explain the purpose of the study, any risks to you, and what is expected of you.

YOUR PARTICIPATION IS VOLUNTARY

This consent form gives you information about the study that will be discussed with you. Once you understand the study, and if you agree to take part, you will be asked to sign this consent form. You will be given a copy to keep.

Before you learn about the study, it is important that you know the following:

- Your participation in the research is entirely voluntary.
- You may decide not to take part or to withdraw from the study at any time without losing the benefits of your routine medical care.

PURPOSE OF STUDY

[Institution] is part of a group of scientists from all over the world doing research on ways to prevent HIV infection. One purpose of this study is to set up a system at [institution] for doing research studies with this group. A second purpose is to find out about how likely people living in [city/area] are to become infected with HIV.

A total of about 2000 people will take part in this study. About 500 people will be from [city/area]. This study also is going on in [China, India, and Russia]. For each person in the study, the study will last about one year.

PROCEDURES

This study involves 3 visits here at the [site/clinic name] over the course of one year. The first visit will take place today, after you read, discuss, and sign this form. At this visit, we will find out if you are eligible for the study. If you are eligible, after today you will have a visit 6 months from now, and another visit 6 months after that (about 12 months from now).

Visit #1: This first visit will last about 1 hour. To find out if you are eligible for the study, you will need to answer some questions with an interviewer, and have an HIV test. The questions will be about you, your health, your sexual practices, and drug use. If your answers to the questions show that you are not eligible for the study, your visit will end after answering the questions. If you wish, we will tell you about other studies or programs you may be eligible for.

If your answers to the questions show that you may be eligible for the study, you then will have HIV counseling. This means you will talk about HIV/AIDS, the HIV test, what it may mean to know your HIV status, and whether you are prepared to receive your HIV test results. You also will talk about ways that HIV is spread and ways to protect against HIV. You then will give 1 tube of blood (10 ml or 2 teaspoons *[sites to insert relevant local measures]*) for HIV testing. We will test your blood here and then give you the results in about 30 minutes. You must receive your HIV test results to be in the study. When we tell you your results, we will talk with you about the meaning of the results and how you feel about them.

Based on the HIV test that we do here, we will give you one of two possible results on the day of your test. One possibility is that the test will show no evidence of HIV infection. In this case, you will be entered in the study.

The other possibility is that the test will show some evidence of HIV infection. In this case, we will need to do another test to find out for sure if you have been infected with HIV. The additional test can take several days, so we will schedule you to come back in about 1 week to get your result. If the second test shows no evidence of HIV infection, you will be entered in the study. If the second test shows that you have been infected with HIV, you will not be eligible for the study. However, we will tell you about other studies you may be eligible for. We also will refer you for medical care and other services you may need.

Visit #2 and #3: These visits will be very similar to Visit #1. They will take about 1 hour. You will have an interview about your health, sexual practices, and drug use. You will have HIV counseling, give 1 tube of blood (10 ml or 2 teaspoons *[sites to insert relevant local measures]*) for an HIV test, and receive your HIV test results. You must receive your HIV test results to stay in the study. If you are infected with HIV, you will no longer be eligible to stay in the study. However, we will tell you about other studies you may be eligible for. We also will refer you for medical care and other services you may need. If you are not infected with HIV, we will set-up an appointment for your next study visit.

Extra Visits: You can make an appointment for extra study visits at any time. For example, you may want to talk to someone about HIV or receive extra counseling. In particular, if you think you have been exposed to HIV, we encourage you to contact us and possibly have an HIV test.

Other Blood Tests: Each time we collect blood from you for HIV testing, we will keep the blood that is left over from the test frozen here at [site/clinic name]. During the study, your frozen blood may be sent to a lab at Johns Hopkins University in the United States. This lab will test your blood for HIV in the same way that our lab here tests it. We then will compare our results with the results from Johns Hopkins University. This will help us make sure that we are doing the best possible HIV testing here.

We also would like to keep your frozen blood here after the study is over, and possibly test it in the future. The last page of this form asks for your permission to do this.

We will not test your blood for drug use in this study.

Keeping in Touch with You: *[Sites to amend to reflect local locator information and procedures:]* At Visit #1, we will ask for your name, address, phone number, and other contact information at your first study visit. We also will ask for the names and contact information of people we can contact if we cannot reach you. We will ask you to update this information at each study visit. We also will try to contact you about halfway in between your scheduled study visits to check to make sure that your contact information is still correct. We may do this by *[sites to insert local strategies:* phone, mail, or in person].

We will use your contact information to remind you of scheduled study visits. If you miss a visit, we may call or send letters or visit your home to find you. We also will try to reach you through the contact people that you list for us. If we talk to these people, we will not tell them why we are trying to reach you.

RISKS AND/OR DISCOMFORTS

You may feel discomfort when your blood is drawn. You may feel dizzy or faint. You may have a bruise or swelling where the needle goes into your arm.

You may become embarrassed, worried, or anxious when discussing your sexual and drug behaviors and their relationship to HIV. You may become worried or anxious while waiting for your HIV test results. If you have HIV, knowing your HIV status could make you worried or anxious. You will talk with a trained counselor who will help you deal with any feelings or questions you have.

We will make every effort to protect your privacy and confidentiality while you are in this study. All of your study visits will take place in a private setting. However, it is possible that others may learn of your participation here, and think that you are infected with HIV, or at "high risk" for HIV. Because of this, others may treat you unfairly or discriminate against you. For example, you could have problems getting or keeping a job. You also could have problems being accepted by your family or community.

[Sites to include/amend the following if applicable:] State regulations require the study staff here to report the names of people who test positive for HIV to the [local health authority]. Outreach workers from the [health authority] may then contact you about informing your partners, since they also should be tested. If you do not want to inform your partners yourself, outreach workers will tell them of their possible exposure to HIV, according to the confidentiality guidelines of the [health authority].

BENEFITS

This study may be of no benefit to you. However, you and others may benefit in the future from information learned in this study. You will receive free HIV counseling and testing. Although this study cannot provide medical care and other services, study staff will refer you to other organizations for these services. If we find that you are infected with HIV, we will refer you for medical care and other services you may need, and tell you about other research studies that you may be eligible for.

NEW FINDINGS

You will be told any new information learned during the course of the study that might cause you to change your mind about staying in the study. At the end of the study, you will be told when the study results may be available and how to learn about them.

REASONS WHY YOU MAY BE WITHDRAWN FROM THE STUDY WITHOUT YOUR CONSENT

You may be removed from the study without your consent for the following reasons:

- The investigator decides that continuing in the study would be harmful to you;
- You are unable to keep study appointments or follow required study procedures;
- You are found to be infected with HIV;
- You are not willing to find out your HIV test results;
- The study is cancelled by NIAID or government officials in [country name]; and/or
- Other administrative reasons.

ALTERNATIVES TO PARTICIPATION

[Sites to insert specific information:] There [are/may be] other HIV research studies going on in this area. HIV counseling and testing also [is/may be] available elsewhere. If you wish, we will tell you about other studies and programs that we know about.

COSTS TO YOU

There is no cost to you for being in this study.

[Sites to insert information about local incentives:] You will receive [$xx] for your time and effort at each scheduled study visit. You also will receive payment for the costs of lost work, travel, and/or childcare associated with your study visits.

CONFIDENTIALITY

Your research records will be confidential to the extent permitted by law. You will be identified by a code, and personal information from your records will not be released without your written permission. You will not be personally identified in any publication about this study. However, your records may be reviewed, under guidelines of the Federal Privacy Act, by NIAID and study monitors.

RESEARCH -RELATED INJURY

[Sites to specify institutional policy:] If you are injured as a result of being in this study, the [institution] will give you immediate necessary treatment for your injuries. The cost of this treatment [will/will not] be charged to you or your insurance company. You then will be told where you may receive additional treatment for your injuries. There is no program for monetary compensation or other forms of compensation for such injuries.

PROBLEMS OR QUESTIONS

If you ever have questions about the study, or in case of research-related injuries, you should contact [name of investigator] at [number], or if you have questions about your rights as a research participant, you can call [name and title of IRB member] at [number].

SIGNATURES

If you have read this informed consent form, or had it read and explained to you, and understand the information, and you voluntarily agree to join this study, please sign your name or make your mark below. *[Insert signature blocks as required by the local IRB/EC:]*

_____	_____	_____
Participant Name (printed)	Participant Signature	Date
_____	_____	_____
Participant's Legal Guardian (printed)	Legal Guardian Signature	Date
_____	_____	_____
Witness Name (printed)	Witness Signature	Date

Appendix VI

HPTN 033
HIV Prevention Preparedness Study

TEMPLATE INFORMED CONSENT FORM
DIVISION OF AIDS, NIAID, NIH

FOR SITES NOT PERFORMING RAPID HIV TESTING

REMINDER TO CLINICAL SITES: DO NOT USE PREAMBLE IN LOCAL CONSENTS.

NOTE FROM OHRP (OFFICE FOR HUMAN RESEARCH PROTECTION) TO SITES ENROLLING PARTICIPANTS IN THIS STUDY:

PLEASE NOTE THAT THIS SAMPLE LANGUAGE DOES NOT PREEMPT OR REPLACE LOCAL IRB REVIEW AND APPROVAL. INVESTIGATORS ARE REQUIRED TO PROVIDE THE LOCAL IRB WITH A COPY OF THIS SAMPLE CONSENT ALONG WITH THE LANGUAGE INTENDED FOR LOCAL USE. LOCAL IRBS ARE REQUIRED TO WEIGH THE UNIQUE RISKS, CONSTRAINTS, AND POPULATION CONSIDERATIONS AS A CONDITION OF ANY APPROVAL. ANY DELETION OF SUBSTANTIVE CHANGE OR INFORMATION CONCERNING RISKS OR ALTERNATIVE TREATMENTS MUST BE JUSTIFIED BY THE INVESTIGATOR, APPROVED BY THE LOCAL IRB AND NOTED IN THE IRB MINUTES. JUSTIFICATION AND IRB APPROVAL OF SUCH CHANGES MUST BE FORWARDED TO FHI FOR ANY HPTN TRIAL. SPONSOR-APPROVED CHANGES IN AN HPTN PROTOCOL MUST BE APPROVED BY THE LOCAL IRB BEFORE USE UNLESS INTENDED FOR THE ELIMINATION OF APPARENT IMMEDIATE HAZARD. NEW INFORMATION SHALL BE SHARED WITH EXISTING SUBJECTS AT NEXT ENCOUNTER, WITH ALL NEW SUBJECTS PRIOR TO INVOLVEMENT, OR AS THE LOCAL IRB MAY OTHERWISE ADDITIONALLY REQUIRE.

HPTN 033 Version 2.0

Principal Investigator: [name]
Telephone Number: [xxx-xxx-xxxx]

INFORMED CONSENT

You are being asked to take part in the research study named above. This is a study of HIV infection. HIV is the virus that causes AIDS. [Institution] is conducting this study with funding from the United States National Institute of Allergy and Infectious Diseases (NIAID). Before you can decide whether or not to take part in this study, we would like to explain the purpose of the study, any risks to you, and what is expected of you.

YOUR PARTICIPATION IS VOLUNTARY

This consent form gives you information about the study that will be discussed with you. Once you understand the study, and if you agree to take part, you will be asked to sign this consent form. You will be given a copy to keep.

Before you learn about the study, it is important that you know the following:

- Your participation in the research is entirely voluntary.
- You may decide not to take part or to withdraw from the study at any time without losing the benefits of your routine medical care.

PURPOSE OF STUDY

[Institution] is part of a group of scientists from all over the world doing research on ways to prevent HIV infection. One purpose of this study is to set up a system at [institution] for doing research studies with this group. A second purpose is to find out about how likely people living in [city/area] are to become infected with HIV.

A total of about 2000 people will take part in this study. About 500 people will be from [city/area]. This study also is going on in [China, India, and Russia]. For each person in the study, the study will last about one year.

PROCEDURES

This study involves 6 visits here at the [site/clinic name] over the course of one year. The first visit will take place today, after you read, discuss, and sign this form. The second visit will take place 1-2 weeks from now. At these visits, we will find out if you are eligible for the study. If you are eligible, you will have two more study visits (approximately 1-2 weeks apart) about 6 months from now, and another two visits (approximately 1-2 weeks apart) 6 months after that (about 12 months from now).

Visit #1: This first visit will last about 1 hour. To find out if you are eligible for the study, you will need to answer some questions with an interviewer, and have an HIV test. The questions will be about you, your health, your sexual practices, and drug use. If your answers to the questions show that you are not eligible for the study, your visit will end after answering the questions. If you wish, we will tell you about other studies or programs you may be eligible for.

If your answers to the questions show that you may be eligible for the study, you then will have HIV counseling. This means you will talk about HIV/AIDS, the HIV test, what it may mean to know your HIV status, and whether you are prepared to receive your HIV test results. You also will talk about ways that HIV is spread and ways to protect against HIV. You then will give 1 tube of blood (10 ml or 2 teaspoons *[sites to insert relevant local measures]*) for HIV testing.

Visit #2: This visit will last about 30 minutes. We will tell you your HIV test result and talk with you about the meaning of the results and how you feel about them. You must receive your HIV test results to be in the study. If your HIV test shows that you are not infected with HIV, you will be entered in the study. If the test shows that you have been infected with HIV, you will not be eligible for the study. However, we will tell you about other studies you may be eligible for. We also will refer you for medical care and other services you may need.

Visit #3: This visit will be like Visit #1. It will take about 1 hour. You will have an interview about your health, sexual practices, and drug use. You will have HIV counseling and give 1 tube of blood (10 ml or 2 teaspoons *[sites to insert relevant local measures]*) for HIV testing.

Visit #4: This visit will be like Visit #2. You will receive your HIV test result and talk about it with the study staff. You must receive your HIV test results to stay in the study. If you have become infected with HIV, you will no longer be eligible to stay in the study. However, we will tell you about other studies you may be eligible for. We also will refer you for medical care and other services you may need. If you are not infected with HIV, we will set-up an appointment for your next study visit.

Visit #5: This visit will be like Visit #1 and #3. It will take about 1 hour. You will have an interview about your health, sexual practices, and drug use. You will have HIV counseling and give 1 tube of blood (10 ml or 2 teaspoons *[sites to insert relevant local measures]*) for HIV testing.

Visit #6: This visit will be like Visit #2 and #4. It will be your last study visit. You will receive your HIV test result and talk about it with the study staff. If you have become infected with HIV, we will tell you about other studies you may be eligible for. We also will refer you for medical care and other services you may need.

Extra Visits: You can make an appointment for extra study visits at any time. For example, you may want to talk to someone about HIV or receive extra counseling. In particular, if you think you have been exposed to HIV, we encourage you to contact us and possibly have an HIV test.

Other Blood Tests: Each time we collect blood from you for HIV testing, we will keep the blood that is left over from the test frozen here at [site/clinic name]. During the study, your frozen blood may be sent to a lab at Johns Hopkins University in the United States. This lab will test your blood for HIV in the same way that our lab here tests it. We then will compare our results with the results from Johns Hopkins University. This will help us make sure that we are doing the best possible HIV testing here.

We also would like to keep your frozen blood here after the study is over, and possibly test it in the future. The last page of this form asks for your permission to do this.

We will not test your blood for drug use in this study.

Keeping in Touch with You: *[Sites to amend to reflect local locator information and procedures.]* During Visit #1, we will ask for your name, address, phone number, and other contact information at your first study visit. We also will ask for the names and contact information of people we can contact if we cannot reach you. We will ask you to update this information at each study visit. We also will try to contact you about halfway in between your HIV testing visits to check to make sure that your contact information is still correct. We may do this by *[sites to insert local strategies:* phone, mail, or in person].

We will use your contact information to remind you of scheduled study visits. If you miss a visit, we may call or send letters or visit your home to find you. We also will try to reach you through the contact people that you list for us. If we talk to these people, we will not tell them why we are trying to reach you.

RISKS AND/OR DISCOMFORTS

You may feel discomfort when your blood is drawn. You may feel dizzy or faint. You may have a bruise or swelling where the needle goes into your arm.

You may become embarrassed, worried, or anxious when discussing your sexual and drug behaviors and their relationship to HIV. You may become worried or anxious while waiting for your HIV test results. If you have HIV, knowing your HIV status could make you worried or anxious. You will talk with a trained counselor who will help you deal with any feelings or questions you have.

We will make every effort to protect your privacy and confidentiality while you are in this study. All of your study visits will take place in a private setting. However, it is possible that others may learn of your participation here, and think that you are infected with HIV, or at "high risk" for HIV. Because of this, others may treat you unfairly or discriminate against you. For example, you could have problems getting or keeping a job. You also could have problems being accepted by your family or community.

[Sites to include/amend the following if applicable:] State regulations require the study staff here to report the names of people who test positive for HIV to the [local health authority]. Outreach workers from the [health authority] may then contact you about informing your partners, since they also should be tested. If you do not want to inform your partners yourself, outreach workers will tell them of their possible exposure to HIV, according to the confidentiality guidelines of the [health authority].

BENEFITS

This study may be of no benefit to you. However, you and others may benefit in the future from information learned in this study. You will receive free HIV counseling and testing. Although this study cannot provide medical care and other services, study staff will refer you to other organizations for these services. If we find that you are infected with HIV, we will refer you for medical care and other services you may need, and tell you about other research studies that you may be eligible for.

NEW FINDINGS

You will be told any new information learned during the course of the study that might cause you to change your mind about staying in the study. At the end of the study, you will be told when the study results may be available and how to learn about them.

REASONS WHY YOU MAY BE WITHDRAWN FROM THE STUDY WITHOUT YOUR CONSENT

You may be removed from the study without your consent for the following reasons:

- The investigator decides that continuing in the study would be harmful to you;
- You are unable to keep study appointments or follow required study procedures;
- You are not willing to find out your HIV test results;
- The study is cancelled by NIAID or government officials in [country name]; and/or
- Other administrative reasons.

ALTERNATIVES TO PARTICIPATION

[Sites to insert specific information:] There [are/may be] other HIV research studies going on in this area. HIV counseling and testing also [is/may be] available elsewhere. If you wish, we will tell you about other studies and programs that we know about.

COSTS TO YOU

There is no cost to you for being in this study.

[Sites to insert information about local incentives:] You will receive [$xx] for your time and effort at each scheduled study visit. You also will receive payment for the costs of lost work, travel, and/or childcare associated with your study visits.

CONFIDENTIALITY

Your research records will be confidential to the extent permitted by law. You will be identified by a code, and personal information from your records will not be released without your written permission. You will not be personally identified in any publication about this study. However, your records may be reviewed, under guidelines of the Federal Privacy Act, by NIAID and study monitors.

RESEARCH-RELATED INJURY

[Sites to specify institutional policy:] If you are injured as a result of being in this study, the [institution] will give you immediate necessary treatment for your injuries. The cost of this treatment [will/will not] be charged to you or your insurance company. You then will be told where you may receive additional treatment for your injuries. There is no program for monetary compensation or other forms of compensation for such injuries.

PROBLEMS OR QUESTIONS

If you ever have questions about the study, or in case of research-related injuries, you should contact [name of investigator] at [number], or if you have questions about your rights as a research participant, you can call [name and title of IRB member] at [number].

SIGNATURES

If you have read this informed consent form, or had it read and explained to you, and understand the information, and you voluntarily agree to join this study, please sign your name or make your mark below. *[Insert signature blocks as required by the local IRB/EC:]*

_____	_____	_____
Participant Name (printed)	Participant Signature	Date
_____	_____	_____
Participant's Legal Guardian (printed)	Legal Guardian Signature	Date
_____	_____	_____
Witness Name (printed)	Witness Signature	Date

Appendix VII

HPTN 033
HIV Prevention Preparedness Study, Version 2.0

CONSENT FOR STORAGE AND FUTURE USE OF BLOOD SAMPLES

During the study listed above, you will give blood for HIV testing. Blood that is left over from this testing will be stored frozen at the [site/clinic name]. Your leftover blood may be useful for future research on HIV infection. This form asks for permission to keep your leftover blood and use it for research in the future. The following is information you should know about having your blood stored and tested in the future:

1. Your blood will be used for research purposes only. It will not be sold or used to make products that could be sold.

2. Your blood will be labeled only with your study code number, not your name.

3. Researchers who test your blood may be given information that you give as part of this study (like your age, gender, and sexual practices), but they will not be told your name or anything else that might identify you personally.

4. The results of research tests done on your blood will be kept confidential. The results will not be put in your health or medical record. You will not be personally identified in any publication about the research.

5. If the research shows any results that require medical attention, we will do our best to contact you, tell you the results, and refer you for any care that you may need.

6. It is completely up to you to decide whether to have your blood stored and used in future research. You may choose not to do this and still be in this study (or other studies that you may be eligible for). You also may agree to this now, but then change your mind at any time. If you do not agree to this now, or if you agree now and then change your mind, we will destroy all of your leftover blood.

If you have read this form, or had it read and explained to you, and understand the information, and you voluntarily agree to have your blood stored and be tested in the future, please sign your name or make your mark below. *[Insert signature blocks as required by the local IRB/EC:]*

_____	_____	_____
Participant Name (printed)	Participant Signature	Date
_____	_____	_____
Witness Name (printed)	Witness Signature	Date