

Form: Participant Receipt

Name of receiving study site	Atlanta - Hope Clinic <input type="checkbox"/>
	Atlanta - Ponce de Leon Center <input type="checkbox"/>
	Baltimore - Johns Hopkins University <input type="checkbox"/>
	Birmingham - Alabama <input type="checkbox"/>
	Boston - Brigham and Women's Hospital Vaccine <input type="checkbox"/>
	Boston - Fenway Health <input type="checkbox"/>
	Chapel Hill <input type="checkbox"/>
	Chicago - AYAR at CORE <input type="checkbox"/>
	Cleveland - Case <input type="checkbox"/>
	Los Angeles - UCLA CARE Center <input type="checkbox"/>
	Nashville - Vanderbilt Vaccine <input type="checkbox"/>
	New Orleans - Adolescent Trials Unit <input type="checkbox"/>
	New York - Bronx Prevention Center <input type="checkbox"/>
	New York - Harlem Prevention Center <input type="checkbox"/>
	New York - NY Blood Center <input type="checkbox"/>
	New York - Physicians & Surgeons <input type="checkbox"/>
	Newark - New Jersey Medical School <input type="checkbox"/>
	Philadelphia - Penn Prevention <input type="checkbox"/>
	Rochester - Univ. of Rochester Vaccines to Prevent HIV Infection <input type="checkbox"/>
	San Francisco - Bridge HIV <input type="checkbox"/>
	Seattle Vaccine Trials Unit <input type="checkbox"/>
	Washington, DC - George Washington University <input type="checkbox"/>
	Iquitos - Asociacion Civil Selva Amazonica <input type="checkbox"/>
	Lima - Barranco <input type="checkbox"/>
	Lima - San Marcos/CITBM <input type="checkbox"/>
	Lima - San Miguel <input type="checkbox"/>
	Lima - Via Libre <input type="checkbox"/>
	Bloemfontein <input type="checkbox"/>
	Cape Town - Emavundleni <input type="checkbox"/>
	Cape Town - Groote Schuur <input type="checkbox"/>
	Cape Town - Khayelitsha <input type="checkbox"/>
	Durban - Botha's Hill <input type="checkbox"/>
	Durban - Chatsworth <input type="checkbox"/>
	Durban - eThekweni <input type="checkbox"/>
	Durban - Isipingo <input type="checkbox"/>

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	Durban - Tongaat	<input type="checkbox"/>
	Durban - Verulam	<input type="checkbox"/>
	Harare - Seke South	<input type="checkbox"/>
	Harare - St. Mary's	<input type="checkbox"/>
	Harare - Zengeza	<input type="checkbox"/>
	Klerksdorp	<input type="checkbox"/>
	Ladysmith	<input type="checkbox"/>
	Lilongwe - Malawai	<input type="checkbox"/>
	Lusaka - Matero	<input type="checkbox"/>
	Lusaka - ZHERP	<input type="checkbox"/>
	Mamelodi	<input type="checkbox"/>
	Maputo	<input type="checkbox"/>
	Masiphumelele	<input type="checkbox"/>
	Mbeya	<input type="checkbox"/>
	Mthatha	<input type="checkbox"/>
	Ndola	<input type="checkbox"/>
	Rustenburg	<input type="checkbox"/>
	Soshanguve	<input type="checkbox"/>
	Soweto - Bara	<input type="checkbox"/>
	Soweto - Kliptown	<input type="checkbox"/>
	Tembisa - Clinic 3	<input type="checkbox"/>
	Tembisa - Clinic 4	<input type="checkbox"/>
	Vulindlela	<input type="checkbox"/>

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Date informed consent signed at receiving site _____
