

MTN 008 (180) PE-1 (141) Visit Code [][] . []

Participant ID

[][][] - [][][][] - [] - []
Site Number Participant Number Chk Who

Pelvic Exam

Exam Date

[][] [][][] [][]
dd MMM yy

1. Pelvic exam assessment:.....

not done [] abnormal findings [] no abnormal findings []
If not done, comment below. End of form. If no abnormal findings, go to item 2.

1a. Abnormal findings. Mark all that apply.

- enlarged/tender inguinal lymph nodes, abnormal vaginal discharge, abnormal cervical discharge, blood-tinged discharge, blood in vagina—no identified source, blood from cervical os, bleeding from site of epithelial disruption, erythema, ulceration, laceration, abrasion, peeling, petechia, ecchymosis, vesicles, edema, abnormal cysts, lesions, mass, warts, adnexal tenderness, cervical motion tenderness, uterine tenderness, cervical friability, vulvar rash, vulvovaginitis, cervicitis, other abnormal findings, specify:

If any are abnormal and ongoing at Enrollment, record findings on Pre-existing Conditions form. If abnormal during follow-up, update or complete Adverse Experience Log when applicable.

Specimen Collection Date

dd MMM yy [][] [][][] [][]

[][] [][][] [][]

[][] [][][] [][]

- 2. Gram stain (vaginal) not required [] stored [] not stored [] Reason:
3. Cervical swab not required [] stored [] not stored [] Reason: # of swabs
4. Vaginal swab not required [] stored [] not stored [] Reason: # of swabs

Comments: _____

Pelvic Exam (PE-1)

Purpose: This form is used to document maternal pelvic exams conducted and genital specimens collected for the Network Laboratory during the study.

General Information/Instructions: This form is completed each time a pelvic exam is performed.

Item-specific Instructions:

- **Visit Code:** Record the visit code assigned to the visit. See the Data Collection section of the Study Specific Procedures (SSP) for more specific information on assigning visit codes.
- **Specimen Collection Date:** Record the date that the specimen(s) was *collected* (NOT the date results were reported or recorded on the form) for this visit. A complete date is required.