



MTN 012/IPM 010 (187)

GE-1 (201)

Visit Code

1

Participant ID

- -
 Site Number Participant Number Chk

Genital Exam

Examination Date

dd MMM yy

EXAM	FINDINGS
1. Foreskin (internal and external)	<p>N/A (circumcised) normal abnormal → If abnormal, specify type of finding. Mark all that apply.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> vesiculation <input type="checkbox"/> peeling <input type="checkbox"/> bullous reaction <input type="checkbox"/> erythema (with induration) <input type="checkbox"/> ulceration <input type="checkbox"/> erythema (without induration) <input type="checkbox"/> bruising, petechiae or ecchymoses <input type="checkbox"/> other, specify: _____</p>
2. Penile Shaft	<p>normal abnormal → If abnormal, specify type of finding. Mark all that apply.</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> vesiculation <input type="checkbox"/> peeling <input type="checkbox"/> bullous reaction <input type="checkbox"/> erythema (with induration) <input type="checkbox"/> ulceration <input type="checkbox"/> erythema (without induration) <input type="checkbox"/> bruising, petechiae or ecchymoses <input type="checkbox"/> other, specify: _____</p>
3. Glans	<p>normal abnormal → If abnormal, specify type of finding. Mark all that apply.</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> vesiculation <input type="checkbox"/> peeling <input type="checkbox"/> bullous reaction <input type="checkbox"/> erythema (with induration) <input type="checkbox"/> ulceration <input type="checkbox"/> erythema (without induration) <input type="checkbox"/> bruising, petechiae or ecchymoses <input type="checkbox"/> other, specify: _____</p>
4. Urethral Meatus	<p>normal abnormal → If abnormal, specify type of finding. Mark all that apply.</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> ulceration <input type="checkbox"/> erythema (with induration) <input type="checkbox"/> edema <input type="checkbox"/> erythema (without induration) <input type="checkbox"/> discharge <input type="checkbox"/> other, specify: _____</p>

Genital Exam (GE-1)

Purpose: This form is used to document the genital exams conducted during Screening, Enrollment, and follow-up.

General Information/Instructions: For abnormal findings identified after enrollment, complete or update an Adverse Experience Log form when applicable.

- **Visit Code:** Record the visit code assigned to this visit. Refer to the Study-Specific Procedures (SSP) Manual for more specific information on assigning visit codes.

Item-specific Instructions:

- **Items 1–4:** If an abnormal finding is observed, mark the appropriate finding(s) in the space provided.



MTN 012/IPM 010 (187)

GE-2 (202)

Visit Code

1

Participant ID

- -
 Site Number Participant Number Chk

Genital Exam

EXAM		FINDINGS		
5.	Scrotum	<i>normal</i> <i>abnormal</i> → If abnormal, specify type of finding. Mark all that apply.		
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> vesiculation <input type="checkbox"/> bullous reaction <input type="checkbox"/> ulceration <input type="checkbox"/> bruising, petechiae or ecchymoses	<input type="checkbox"/> peeling <input type="checkbox"/> erythema (with induration) <input type="checkbox"/> erythema (without induration) <input type="checkbox"/> other, specify: _____
6.	Inguinal Lymph Nodes	6a. Right	<i>normal</i> <i>enlarged and painless</i> <i>enlarged and painful</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		6b. Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Items 7 and 8 are only completed for visits AFTER Enrollment.

7. During this genital exam, was any dried product observed on the penile shaft, glans, urethral meatus, scrotum, or foreskin? Mark "none observed" or all that apply.

- none observed
- penile shaft
- glans
- urethral meatus
- scrotum
- foreskin

8. Were any **new** AE Log pages completed for this visit? *yes* *no* → **If no, end of form.**

8a. Record AE Log page number(s):

AE Log page # AE Log page # AE Log page #

Comments: _____

Genital Exam (GE-2)

Item-specific Instructions:

- **Item 5:** If an abnormal finding is observed, mark the appropriate finding(s) in the space provided.
- **Items 7–8:** These items are only completed at follow-up visits. Leave these items blank at Screening and Enrollment.