**Instructions:**

This checklist should be used for every scheduled pelvic exam; it should not be used for clinically indicated pelvic exams. The “Required at visits” column indicates when the item is required during follow-up per-protocol. When an item is performed, complete “Staff Initials” cell. If not done but required, write “ND” and staff initials in “Staff Initials” cell, and provide more details in the chart notes as needed. Do not initial for other staff members. If other staff members are not available to initial items themselves, write and initial/date a note documenting who completed the procedure, e.g., “done by {name}” or “done by nurse.” **Samples must be collected in the order listed on the checklist.**

| **Procedures** | | **Required at visits:** | **Staff Initials** |
| --- | --- | --- | --- |
| 1 | Prepare exam equipment, documentation, and specimen collection supplies; label as needed. | All |  |
| 2 | Explain exam procedures to participant and answer any questions. Position and drape participant comfortably. | All |  |
| 3 | Palpate the **inguinal lymph nodes** to assess for enlargement and/or tenderness | All |  |
| 4 | Perform naked eye examination of the **external genitalia** including the perineum, perianal area, and the epithelial lining of the introitus | All |  |
| 5 | Insert speculum, using warm water as lubricant if needed. Perform naked eye exam of the **cervix and vagina**. | All |  |
| 6 | Assess for **cervical ectopy.** Document on appropriate pelvic exam CRF. | All |  |
| 7 | Collect 1 swab for **rapid Trichomonas** from the lateral vaginal wall with the rapid test kit. | Screening, and if indicated |  |
| 8 | If indicated (symptomatic), collect swab for **vaginal saline and/or KOH wet mounts** for evaluation of vaginitis (yeast, trichomonas or BV) from the lateral vaginal wall. | Only if indicated |  |
| 9 | Collect 1 swab from lateral vaginal wall for **pH assessment**. Swab fluid onto pH strip. Note: For pre-coital pH assessments, a speculum is not required and a non-specific location vaginal swab is adequate. | All |  |
| 10 | Collect **CVL** | G1: Screening, 2b, 3b, 4b, 5b, 6b, 7b  G2: Screening 3b, 5, 7b, 9 |  |
| 11 | Place **cytobrush** in the cervical os and collect sample | G1: Screening (Pitt site), 3b, 4b, 5b, 6b, 7b  G2: Screening (Pitt site), 3b, 5, 7b, 9 |  |
| 12 | Collect ecto- and endocervical cells for **Pap smear** (if indicated at screening to confirm eligibility) | If indicated at Screening |  |
| 13 | Remove speculum and perform **bimanual exam**. | Screening and Enrollment (2a); only if indicated at all other visits |  |
| 14 | Collect **cervical biopsy**, measuring approximately 3mm by 5mm | G1: 3b, 4b, 5b, 6b, 7b  G2: 3b, 5, 7b, 9 |  |
| 15 | Collect **vaginal biopsy**, measuring approximately 3mm by 5mm | G1: 3b, 4b, 5b, 6b, 7b  G2: 3b, 5, 7b, 9 |  |
| 16 | Place the **rectal sponge** through the anoscope into the rectum; remove sponge after 5 minutes | G1: 3b, 4b, 5b, 6b, 7b  G2: 3b, 5, 7b, 9 |  |
| 17 | Document all findings on Pelvic Exam Diagrams (non-DataFax) CRF. | All |  |