**Instructions:** Complete staff initials next to procedures completed. Do not initial for other staff members. If other staff members are not available to initial checklist items themselves, initial and date a note on the checklist documenting who completed the procedure, e.g., “done by {name}” or “done by nurse.” If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why (if not self-explanatory); initial and date this entry. If any procedures are not conducted on the date recorded above, ensure the date procedure conducted is included in the comments section.

| **Procedure** | | **Visit** | **Staff Initials** |
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|  | Prepare for exam:   * Exam equipment, documentation, and specimen collection supplies; label as needed. | Required:   * Screening (V1) * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:   * All other Monthly Visits |  |
|  | Prepare for participant:   * Explain exam procedures to participant and answer any questions. * Position and drape participant comfortably. | Required:   * Screening (V1) * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:  All other Monthly Visits |  |
|  | Palpate the inguinal lymph nodes to assess for enlargement and/or tenderness. | Required:   * Screening (V1) * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:   * All other Monthly Visits |  |
|  | Perform naked eye examination of the external genitalia including the perineum, perianal area, and the epithelial lining of the introitus. | Required:   * Screening (V1) * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:   * All other Monthly visits |  |
|  | Insert speculum, using warm water as lubricant if needed.  Perform naked eye exam of the vagina and cervix, if applicable. | Required:   * Screening (V1) * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:   * All other Monthly Visits |  |
|  | Collect vaginal fluid for **Trichomonas** **rapid test** at local lab.   * 1 swab from lateral vaginal wall. | Required:   * Screening (V1) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:   * Enrollment (V2) * All other Monthly Visits |  |
|  | Collect vaginal fluid for **microbiota analyses (qPCR)** at MTN LC.   * 3 flocked swabs from lateral vaginal wall. | Required:   * Enrollment (V2) * Monthly Visits 6, 9, 13, 16 |  |
|  | Collect vaginal fluid for **pH assessment** in clinic.   * 1 swab from lateral vaginal wall. Swab fluid onto pH strip and assess results.   Note: same swab can be used for wet prep mount if needed | Required:   * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20   If indicated:   * Screening (V1) * All other Monthly Visits * PUEV (V23) |  |
|  | *If clinically indicated (symptomatic),* use swab collected for pH assessment (if done) for **wet prep/KOH wet mount** for evaluation of candidiasis and/or BV at local lab/clinic.  Note: If a swab for vaginal pH gets contaminated or does not have enough vaginal fluid for wet mount, then collect a swab from the lateral vaginal wall. | If indicated:  All clinic visits |  |
|  | Collect vaginal fluid for **Gram stain analysis** at MTN LC**.**   * 1 swab from lateral vaginal wall; turn swab 3x. Roll swab across two labeled slides and air dry. | Required:   * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23) |  |
|  | Collect vaginal fluid for **biomarker analyses** at MTN LC.   * 1 swab from posterior fornix.   *NOTE: Self-collected at visits when no pelvic exam is performed [see Monthly Follow-Up Checklist].* | Required:   * Enrollment (V2) * All Monthly Visits * PUEV (V23) |  |
|  | Collect cervical fluid for **GC/CT NAAT test** at local lab.   * 1 swab from the endocervical canal. | Required:   * Screening (V1) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:   * Enrollment (V2) * All other Monthly Visits |  |
|  | Collect cervical fluid for **biomarker analyses** at MTN LC.   * 1 swab from the endocervical canal. | Required:   * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23) |  |
|  | Collect cervical specimen **flow cytometry** at local lab.   * Place cervical cytobrush in the cervix os and perform 2 turns.   *Note: At designated site(s) only with capacity* | Required:   * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23) |  |
|  | Collect cervicovaginal lavage (CVL) for **biomarker analyses** at MTN LC.   * From cervix/ upper-end of vagina using syringe technique. | Required:   * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23) |  |
|  | Remove speculum; and perform bimanual exam, if indicated. | Required:   * Screening (V1) * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:   * All other Monthly Visits |  |
|  | Document all findings on **Pelvic Exam Diagrams** and **Pelvic Exam CRF, and STI Test Results CRF**, as applicable.  Document storage of all specimens collected on the **Specimen Storage CRF** and **LDMS Specimen Tracking Sheet**. | Required:   * Screening (V1) * Enrollment (V2) * Monthly Visits 6, 9, 13, 16, 20 * PUEV (V23)   If indicated:   * All other Monthly Visits |  |

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| **Comments:** |
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