**Instructions:** Complete staff initials next to procedures completed. 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** | **Completed for conducted exams** | **Staff Initials** |
| --- | --- | --- |
|  | Prepare for equipment and documentation for exam | * Required: all
 |  |
|  | Prepare for participant: * Explain exam procedures to participant and answer any questions.
* Position and drape participant comfortably.

*Note: Exam should be done with ring inserted unless the ring is obstructing visualization or causes discomfort during the exam; in which case the clinician/participants may remove the ring and reinsert after the exam or, if a resupply visit, when the new ring is received.*  | * Required: all
 |  |
|  | Palpate the inguinal lymph nodes to assess for enlargement and/or tenderness.  | * Required: all
 |  |
|  | Perform naked eye examination of the external genitalia including the perineum, perianal area, and the epithelial lining of the introitus.  | * Required: all
 |  |
|  | Insert speculum, using warm water as lubricant if needed. Perform naked eye exam of the vagina and cervix, if applicable. Remove speculum. | * Required: Enrollment
* If indicated: all others
 |  |
|  | Collect 1 vaginal swab (Cepheid) for **Trich/GC/CT NAAT testing** at local lab. | * Required: Screening (V1)
* *If indicated: all others*
 |  |
|  | Collect 2 vaginal swabs (Dacron) for **microbiota analyses** for qPCR at MTN LC. | * Required: Enrollment (V2), PUEV (V7), Early Termination
 |  |
|  | *If indicated*, collect 1 vaginal swab (Dcron) for **pH assessment** in clinic.* Swab fluid onto pH strip and assess results.
 | * *If indicated only*
 |  |
|  | *If indicated,* 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 another swab.* | * *If indicated only*
 |  |
|  | Collect 1 vaginal swab (Dacron) for **gram stain analysis** (for MTN LC)**.**  * Roll swab across two labeled slides and air dry.
 | * Required: Enrollment (V2), PUEV (V7), Early Termination
 |  |
|  | Collect 1 vaginal swab (Dacron) for **biomarkers** (for MTN LC).  | * Required: Enrollment (V2), PUEV (V7), Early Termination
 |  |
|  | *If indicated,* perform bimanual exam. | * *If indicated only*
 |  |
|  | 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 CRFs** and **LDMS Specimen Tracking Sheet,** if applicable. | * Required: Screening (V1), Enrollment (V2), PUEV (V7)
* *If indicated: all others*
 |  |

|  |
| --- |
| **Comments** |
|  |