





**Pelvic Exam [V1, V2, V4, V5, V6, V8, V9]**

<b>01</b>	Date of pelvic exam:	__ / __ / ____ (dd/mm/yyyy)
	<p><i>Skip this question for Visit 1 Screening: Was IVR placement confirmed?</i></p> <p> <i>If no, please explain in notes/comments at end of CRF</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>02</b>	Bleeding on exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>03</b>	External Genital Exam:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (answer 03a) <input type="checkbox"/> Not done

 03a. Complete only if abnormal External Genital Exam:


- Edema
- Erythema
- Ulcer
- Blister
- Pustule
- Genital warts
- Other (specify): \_\_\_\_\_

<b>04</b>	Internal Genital Exam:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (answer 04a) <input type="checkbox"/> Not done
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 04a. Complete only if abnormal Internal Genital Exam:

- Edema
- Erythema
- Laceration
- Ulcer
- Blister
- Pustule
- Other (specify): \_\_\_\_\_

<b>05</b>	Cervical Exam:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (answer 05a) <input type="checkbox"/> Not done
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 05a. Complete only if abnormal Cervical Exam:

- Edema/friability
- Erythema
- Discharge
- Ulcer
- Blister
- Pustule
- Other (specify): \_\_\_\_\_

**Pelvic Exam (continued)**

<b>06</b>	Bi-manual Exam: <i>! Only required at Screening.</i>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (answer 06a) <input type="checkbox"/> Not done
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*! 06a. Complete only if abnormal Bi-manual Exam:*

<input type="checkbox"/> Cervical motion tenderness
<input type="checkbox"/> Uterine tenderness
<input type="checkbox"/> Adnexal tenderness
<input type="checkbox"/> Other (specify): _____

<b>07</b>	Was a vaginal pH done? <i>! PRN at V1 Screen visit. Required at all scheduled in clinic visits after screening.</i>	<input type="checkbox"/> Yes (answer 07a) <input type="checkbox"/> No
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*! 07a. Complete only if vaginal pH done:*

Date of vaginal pH collection:	____ / ____ / _____ (dd/mm/yyyy)
Vaginal pH:	_____

<b>08</b>	Was vaginal wet prep done? <i>! Only required if indicated, and/or per local standard of care.</i>	<input type="checkbox"/> Yes (answer 08a) <input type="checkbox"/> No
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*! 08a. Complete only if vaginal wet prep done:*

Wet prep result:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (answer 08b)
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*! 08b. Complete only if abnormal vaginal wet prep:*

Wet prep result:	<input type="checkbox"/> Buds/hyphae <input type="checkbox"/> >20% clue cells <input type="checkbox"/> Motile trich
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<b>09</b>	Notes/Comments: <div style="border: 1px solid black; border-radius: 15px; height: 150px; margin-top: 10px;"></div>
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CRF Completed By: \_\_\_\_\_ (initials)

CRF Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)