**Instructions:**

This checklist should be used for every **scheduled** pelvic exam. Clinically-indicated exams may be targeted and documented in chart notes only, or through use of this checklist as specified in site SOPs. The “Required at visits” column indicates when the item is required during scheduled exams 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.**

| **Pelvic Exam Checklist** |
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| **Procedures** | **Required at visits:** | **Staff Initials** | **Comments** |
| 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 | Have participant (or clinician/designee) remove used vaginal ring. Document on Ring Collection/Insertion CRF, and dispose of per site SOP or store per schedule (indicated on follow-up visit checklist).  | Semi-annPUEVEarly Term |  |  |
| 4 | Palpate the **inguinal lymph nodes** to assess for enlargement and/or tenderness | All |  |  |
| 5 | Perform naked eye examination of the **external genitalia** including the perineum, perianal area, and the epithelial lining of the introitus | All |  |  |
| 6 | Insert speculum, using warm water as lubricant if needed. Perform naked eye exam of the **cervix and vagina**.  | All |  |  |
| 7 | Assess for **cervical ectopy.** Document on appropriate pelvic exam CRF.  | All |  |  |
| 8 | Collect 1 swab for **rapid Trichomonas** from the lateral vaginal wall with the rapid test kit. | ScreenSemi-ann |  |  |
| 9 | 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 |  |  |
| 10 | Collect 1 swab from lateral vaginal wall for **Gram stain** (turn swab 3x)**.**  Roll swab across two labeled slides and air dry.  | All |  |  |
| 11 | Collect 1 swab from lateral vaginal wall for **pH assessment**. Swab fluid onto pH strip. Record on STI test result CRF. | All |  |  |
| 12 | Collect **endocervical fluid** for biomarker analyses at MTN NL (turn swab 2x). | All |  |  |
| 13 | If indicated and per local standard of care, send fluid from a suspicious genital lesion for genital herpes testing.  | Only if indicated |  |  |
| 14 | Collect ecto- and endocervical cells for **Pap smear** (if indicated at screening to confirm eligibility, required at PUEV/early term) | Screen (if ind)PUEVEarly Term |  |  |
| 15 | If indicated, lavage to remove visual obstruction (e.g., mucus, cellular debris) and complete the naked eye exam.  | Only if indicated |  |  |
| 16 | Remove speculum and perform bimanual exam. | All |  |  |
| 17 | Document all findings on Pelvic Exam Diagrams (non-DataFax) CRF.  | All |  |  |