**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** |
| --- |
| **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 | As applicable, have participant (or clinician/designee) remove used vaginal ring. Document collection of ring and storage per follow-up visit checklist. | PUEVEarly 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 pelvic exam CRF.  | All |  |  |
| 8 | Collect 1 swab for **rapid Trichomonas** from the lateral vaginal wall with the rapid test kit. | All |  |  |
| 9 | If indicated (symptomatic), collect samples for any clinically indicated evaluations (e.g. swab for **vaginal saline and/or KOH wet mounts** for evaluation of vaginitis (yeast, trichomonas or BV) from the lateral vaginal wall, genital herpes testing if per local standard of care, etc.). | Only if indicated |  |  |
| 14 | Collect ecto- and endocervical cells for **Pap smear** (if indicated at screening to confirm eligibility. | Screen (if ind) |  |  |
| 15 | Complete the naked eye exam. Remove any visual obstructions as needed (e.g., mucus, cellular debris).  | All |  |  |
| 16 | Remove speculum and perform bimanual exam. | All |  |  |
| 17 | Document all findings on Pelvic Exam Diagrams form.  | All |  |  |