

WOMEN'S INTERAGENCY HIV STUDY  
MALT STUDY  
**FORM MG06: COLONOSCOPY PROCEDURE FORM**

**SECTION A: GENERAL INFORMATION**

- A1. WIHS or NON-WIHS PARTICIPANT ID: ENTER NUMBER HERE ONLY IF LABEL IS NOT AVAILABLE      ---
- A2. Lab ID #
- A3. WIHS STUDY VISIT #:
- A4. FORM VERSION:      **6/10/10**
- A5. DATE OF INTERVIEW:      //  
   M    D    Y
- A7. INTERVIEWER'S INITIALS:

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**SECTION B: ARRIVAL RECORD**

- B1. PARTICIPANT ARRIVAL TIME:      : AM.....1    PM.....2
- B2. URINE PREGNANCY TEST PERFORMED PRIOR TO ANY PROCEDURES:
- Negative ..... 1    **(GO TO B3)**  
Positive ..... 2    **(END)**  
N/A (San Francisco site only) ..... 3
- B3. ASK PARTICIPANT: IN THE PAST 10 DAYS, HAVE YOU EXPERIENCED ANY COLD OR FLU-LIKE ILLNESS, FEVER, DIARRHEA, OR RECEIVED ANY VACCINATIONS?
- YES ..... 1    **(END)**  
NO ..... 2    **(GO TO B4)**
- B4. ASK PARTICIPANT: DID YOU COMPLETE BOWEL PREP?
- YES ..... 1    **(GO TO B5)**  
NO ..... 2    **(END)**
- B5. ASK PARTICIPANT: WHEN DID YOU LAST HAVE ANYTHING TO EAT OR DRINK?
- //    :    AM.....1    PM.....2  
   M    D    Y
- B6. IS THIS EIGHT HOURS OR MORE FROM TIME OF COLONOSCOPY?
- YES ..... 1    **(GO TO SECTION C)**  
NO ..... 2    **(END)**

**SECTION C: PROCEDURE RECORD**

**C1. QUALITY OF PREP (PER COLONOSCOPIST)**

- Poor ..... 1
- Fair ..... 2
- Good ..... 3
- Excellent..... 4

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C2. STUDY BIOPSIES TAKEN (SENT TO MCCUNE LAB AT UCSF)**

	Total # of BIOPSIES (PIECES OF TISSUE)	# OF PIECES FLASH FROZEN	# OF PIECES PLACED IN FORMALIN CONTAINER #1	# OF PIECES PLACED IN FORMALIN CONTAINER #2
<b>ILEUM</b>	a.  _ _  <i>(Should be 8-10 pieces)</i>	b.  _  <i>(Should be 4-5 pieces)</i>	c.  _  <i>(Should be 4-5 pieces)</i>	d.  _  <i>(Should be 1 piece only)</i>
<b>SIGMOID</b>	e.  _ _  <i>(Should be 8-10 pieces)</i>	f.  _  <i>(Should be 4-5 pieces)</i>	g.  _  <i>(Should be 4-5 pieces)</i>	h.  _  <i>(Should be 1 piece only)</i>

- i. Were all specimens collected per protocol?  
 Yes..... 1 **(GO TO C3)**  
 No..... 2

IF NO, SPECIFY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C3. NUMBER OF LESIONS SEEN:**

- One or more..... 1 **(GO TO C4)**
- None ..... 2 **(GO TO C5)**

**C4. LESIONAL BIOPSIES TAKEN (SENT TO LOCAL PATHOLOGIST)**

Lesion	Location	Appearance	Placed in formalin and sent to local pathologist?
#1			Yes.....1 No.....2 If no, specify reason:
#2			Yes.....1 No.....2 If no, specify reason:

**C5. PROCEDURE END TIME:** |\_|\_|:|\_|\_| AM....1 PM.....2

**SECTION D: SHIPPING DISPOSITION OF SPECIMENS**

**ILEUM**

D1. Were one cryovial and two formalin containers shipped to McCune Lab at UCSF?	Yes.....1      No .....2 If no, specify reason:
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**SIGMOID**

D2. Were one cryovial and two formalin containers shipped to McCune Lab at UCSF?	Yes.....1      No .....2 If no, specify reason:
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Notes: (For site use only, not data entered)
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**SECTION E: REPRODUCTIVE TRACT SPECIMENS**

E1. Will reproductive tract specimens be collected from this participant? (Please note that only the San Francisco site should be answering “NO” to this question.)

YES.....1    **(COMPLETE MG07 AND MG08B WHEN SPECIMENS COLLECTED)**  
 NO.....2    **(SAN FRANCISCO ONLY. COMPLETE MG07 ONLY TODAY. DO NOT COMPLETE MG08b.)**