

**LABORATORY - BACTERIAL VAGINOSIS SMEAR  
GRAM STAIN**

**FORM C45**

ID LABEL  
HERE --->

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VISIT #:

FORM COMPLETED BY:

\_\_\_\_\_

VERSION DATE: **08/15/94**

**ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.**

A1. ARE TEST RESULTS AVAILABLE?

- Yes ..... 1 (A2)  
 No, Sample Inadequate ..... 2 (END)  
 No, Other Reason..... 3

\_\_\_\_\_ (END)  
 (SPECIFY)

A2. DATE OF SPECIMEN:

\_\_\_ / \_\_\_ / \_\_\_  
           M      D      Y

A3. RESULTS:

<u>SCORE</u>	(a) <u>LACTOBACILLUS MORPHOTYPES</u>	(b) <u>GARDNERELLA &amp; BACTEROIDES MORPHOTYPES</u>	(c) <u>CURVED GRAM- VARIABLE RODS</u>
0	4+	0	0
1	3+	1+	1+ or 2+
2	2+	2+	3+ or 4+
3	1+	3+	
4	0	4+	

- a. LACTOBACILLUS MORPHOTYPES      SCORE \_\_\_\_\_ (range 0 - 4)  
 b. GARDNERELLA & BACTEROIDES      SCORE \_\_\_\_\_ (range 0 - 4)  
 c. CURVED GRAM-VARIABLE RODS      SCORE \_\_\_\_\_ (range 0 - 2)

A4. \*TOTAL SCORE \_\_\_\_\_

**\* SCORE of  $\geq 7$  IS CONSISTENT WITH BV, 4-6 IS INTERMEDIATE, 0-3 IS NORMAL**

WIHS ID#

[Empty rectangular box for WIHS ID#]

A5. ARE CLUE CELLS PRESENT:

YES ..... 1  
NO ..... 2 (A7)

A6. PERCENTAGE OF EPITHELIAL CELLS THAT ARE CLUE CELLS:

|\_|\_|\_| %

A7. OTHER FINDINGS:

YES ..... 1  
NO ..... 2 (A9)

a. SPECIFY \_\_\_\_\_

A8. OTHER ADDITIONAL FINDINGS:

YES ..... 1  
NO ..... 2 (A9)

a. SPECIFY \_\_\_\_\_

A9. DATE REPORTED:

\_\_\_ / \_\_\_ / \_\_\_  
M D Y