ORAL PROTOCOL - ORAL MUCOSAL TISSUE EXAM
ADDENDUM
FORM OP4a

A1. ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

A2. VISIT#: ___ ___

A3. VERSION DATE: **03/01/95**

A4. FORM COMPLETED BY:

___ ___ ___

Lesion # |____|____|

a. Lesion Code |____|

i. _____
(SPECIFY -for code R)

b. Location Number(s)

i. |____|____|

ii. |____|____|

iii. |____|____|

c. Smear collected? (Lesion codes A,B,C,F,G)

YES 1
NO 2

d. Pain?

YES 1
NO 2
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown ..... <-8> **(f)**

Two weeks or less .....1 **(f)**

Two weeks to 3 months.....2 **(f)**

Greater than 3 months 3
i.) _____
(SPECIFY TIME)

f. Prior history of lesion?

YES 1
NO 2
UNKNOWN.....<-8>

Lesion # |____|____|

a. Lesion Code |____|

i. _____
(SPECIFY -for code R)

b. Location Number(s)

i. |____|____|

ii. |____|____|

iii. |____|____|

c. Smear collected? (Lesion codes A,B,C,F,G)

YES..... 1
NO 2

d. Pain?

YES..... 1
NO 2
UNKNOWN.....<-8>

e. Duration of lesion?

Unknown .....<-8> **(f)**

Two weeks or less .....1 **(f)**

Two weeks to 3 months.....2 **(f)**

Greater than 3 months 3
i.) _____
(SPECIFY TIME)

f. Prior history of lesion?

YES..... 1
NO 2
UNKNOWN.....<-8>