

ORAL PROTOCOL - FORM OP10
COLLECTION OF SUBGINGIVAL PLAQUE SAMPLES

A1. ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_| A2. VISIT#: _____ A3. VERSION DATE:
03/01/95

A4. FORM COMPLETED BY: _____ A5. DATE OF COLLECTION: _____ / _____ / _____

B1. Sample(s) from site(s) exhibiting positive gingival banding scores on *facial*?

YES..... 1
 NO 2 **(B2)**

a.) GB samples taken from tooth # |_|_|

b.) GB control sample taken from tooth # |_|_|

B2. Sample(s) from site(s) receiving Papillary Assessment scores of **3 or 5**?

YES..... 1
 NO 2 **(B3)**

a.) tooth #	#	b.) Papillary Score (circle)	a.) tooth #	b.) Papillary Score (circle)
i.	 _ _ 	3 5	iv.	 _ _ 3 5
ii.	 _ _ 	3 5	v.	 _ _ 3 5
iii.	 _ _ 	3 5	vi.	 _ _ 3 5

B3. **DONE ONLY AT 2nd ORAL VISIT**

Samples from site(s) exhibiting a 4mm or greater change in attachment level since last visit.

YES..... 1
 NO 2 **(END)**

a.) tooth # i. |_|_| ii. |_|_| iii. |_|_|
 iv. |_|_| v. |_|_| vi. |_|_|