

**ORAL PROTOCOL - FORM OP10**  
**COLLECTION OF SUBGINGIVAL PLAQUE SAMPLES**

A1. ID LABEL HERE ---> |\_| - |\_|\_| - |\_|\_|\_|\_| - |\_| A2. VISIT#: \_\_\_\_\_ A3. VERSION DATE:  
**07/01/97**

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.	<span style="border: 1px solid black; padding: 0 5px;"> _ _ </span>	3    5	iv.	<span style="border: 1px solid black; padding: 0 5px;"> _ _ </span> 3    5
ii.	<span style="border: 1px solid black; padding: 0 5px;"> _ _ </span>	3    5	v.	<span style="border: 1px solid black; padding: 0 5px;"> _ _ </span> 3    5
iii.	<span style="border: 1px solid black; padding: 0 5px;"> _ _ </span>	3    5	vi.	<span style="border: 1px solid black; padding: 0 5px;"> _ _ </span> 3    5

B3. 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. |\_|\_|