

**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 & 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 ≥ 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