WOMEN'S INTERAGENCY HIV STUDY
LABORATORY - BACTERIAL VAGINOSIS SMEAR
GRAM STAIN
FORM C45

ID LABEL HERE ---> |__| - |__|__| - |__|__|__|__| - |__|

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:

SCORE	(a) LACTOBACILLUS MORPHOTYPES	(b) GARDNERELLA & BACTEROIDES MORPHOTYPES	(c) CURVED GRAM-VARIABLE RODS
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#

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