

**WOMEN'S INTERAGENCY HIV STUDY
MALT STUDY
FORM MG06: COLONOSCOPY PROCEDURE FORM**

SECTION A: GENERAL INFORMATION

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE |_|-|_|_|-|_|_|_|_|-|_|
- A2. WIHS STUDY VISIT #: |_|_|
- A3. FORM VERSION: **10/01/09**
- A4. DATE OF INTERVIEW: |_|_|/|_|_|/|_|_|
 M D Y
- A5. DATE OF LAST STUDY VISIT: |_|_|/|_|_|/|_|_|
(FROM VISIT CONTROL SHEET) M D Y
- A6. INTERVIEWER'S INITIALS: |_|_|_|

SECTION B: ARRIVAL RECORD

- B1. PARTICIPANT ARRIVAL TIME: |_|_|:|_|_| AM.....1 PM.....2
- B2. URINE PREGNANCY TEST PERFORMED PRIOR TO ANY PROCEDURES:
 Negative 1 **(GO TO B3)**
 Positive 2 **(END)**
- B3. IN THE PAST 10 DAYS, HAS THE PARTICIPANT EXPERIENCED ANY COLD OR FLU-LIKE ILLNESS, FEVER, DIARRHEA, OR RECEIVED ANY VACCINATIONS?
 YES 1 **(END)**
 NO 2 **(GO TO B4)**
- B4. DOES PARTICIPANT REPORT THAT SHE COMPLETED BOWEL PREP?
 YES 1 **(GO TO B5)**
 NO 2 **(END)**
- B5. WHEN DID PARTICIPANT LAST HAVE ANYTHING TO EAT OR DRINK?
 |_|_|/|_|_|/|_|_| |_|_|:|_|_| AM.....1 PM.....2
 M D Y
- B6. IS THIS EIGHT HOURS OR MORE FROM TIME OF COLONOSCOPY?
 YES 1 **(GO TO SECTION C)**
 NO 2 **(END)**

WIHSID

SECTION C: PROCEDURE RECORD

C1. QUALITY OF PREP (PER COLONOSCOPIST)

- Poor 1
- Fair 2
- Good 3
- Excellent..... 4

NOTES: _____

C2. STUDY BIOPSIES TAKEN (SENT TO MCCUNE LAB AT UCSF)

	Total # of BIOPSIES (PIECES OF TISSUE)	# OF PIECES FLASH FROZEN	# OF PIECES PLACED IN FORMALIN CONTAINER #1	# OF PIECES PLACED IN FORMALIN CONTAINER #2
ILEUM	a. __ __ <i>(Should be 8-10 pieces)</i>	b. __ <i>(Should be 4-5 pieces)</i>	c. __ <i>(Should be 4-5 pieces)</i>	d. __ <i>(Should be 1 piece only)</i>
SIGMOID	e. __ __ <i>(Should be 8-10 pieces)</i>	f. __ <i>(Should be 4-5 pieces)</i>	g. __ <i>(Should be 4-5 pieces)</i>	h. __ <i>(Should be 1 piece only)</i>

- i. Were all specimens collected per protocol?
- Yes..... 1 **(GO TO C3)**
 - No..... 2

IF NO, SPECIFY: _____

C3. NUMBER OF LESIONS SEEN:

- One or more..... 1 **(GO TO C4)**
- None 2 **(GO TO C5)**

C4. LESIONAL BIOPSIES TAKEN (SENT TO LOCAL PATHOLOGIST)

Lesion	Location	Appearance	Placed in formalin and sent to local pathologist?
#1			Yes.....1 No.....2 If no, specify reason:
#2			Yes.....1 No.....2 If no, specify reason:

C5. PROCEDURE END TIME: |__|__|:|__|__| AM.....1 PM.....2

WIHSID

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SECTION D: SHIPPING DISPOSITION OF SPECIMENS

ILEUM

D1. Were one cryovial and two formalin containers shipped to McCune Lab at UCSF?	Yes.....1 No2 If no, specify reason:
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SIGMOID

D2. Were one cryovial and two formalin containers shipped to McCune Lab at UCSF?	Yes.....1 No2 If no, specify reason:
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