

WOMEN'S INTERAGENCY HIV STUDY
MALT STUDY
FORM MG07: ENDOMETRIAL & ENDOCERVICAL BIOPSY 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: PRE-PROCEDURE RECORD

- B1. PARTICIPANT'S LAST MENSTRUAL PERIOD: |__|__| / |__|__| / |__|__|
 M D Y
- B2. DATE OF LH SURGE: |__|__| / |__|__| / |__|__|
 M D Y
- B3. URINE PREGNANCY TEST PERFORMED PRIOR TO ANY PROCEDURES:
 Negative 1 **(GO TO B4)**
 Positive 2 **(END)**
- B4. IS THE PARTICIPANT CURRENTLY EXPERIENCING ANY COLD OR FLU-LIKE ILLNESS, FEVER, DIARRHEA, GENITAL HERPES OR VAGINITIS?
 YES 1 **(END)**
 NO 2 **(GO TO B5)**
- B5. HAS PARTICIPANT BEEN VACCINATED WITHIN THE PAST 14 DAYS?
 YES 1 **(END)**
 NO 2 **(GO TO B6)**
- B6. IS PARTICIPANT A CIGARETTE SMOKER?
 YES 1
 NO 2

SECTION C: PROCEDURE RECORD

- C1. PROCEDURE START TIME : |_|_|:|_|_| AM.....1 PM.....2
- C2. BIMANUAL EXAM PERFORMED BEFORE PROCEDURES:
- a. TO ASSESS UTERINE SIZE AND POSITION:
 COMMENTS: _____
- b. DOES EXAM REVEAL SIGNS OF GENITAL TRACT INFECTION?
- YES 1 **(DO NOT PROCEED WITH SPECIMEN COLLECTION. END.)**
- NO 2
- C3. WERE TWO MEROCEL SPONGES INSERTED INTO CERVICAL OS TO COLLECT SECRETIONS FOR CYTOKINES?
- YES 1 **(GO TO C4)**
- NO 2
- SPECIFY REASON: _____
- C4. WERE THREE TEAR-FLO STRIPS INSERTED INTO CERVICAL OS TO COLLECT SECRETIONS FOR HIV VIRAL LOAD?
- YES 1 **(GO TO C5)**
- NO 2
- SPECIFY REASON: _____
- N/A, Participant is HIV negative 3 **(GO TO C5)**
- C5. NUMBER OF PASSES MADE WITH PIPELLE CATHETER FOR ENDOMETRIAL BIOPSY: |_|_|
- C6. WERE TWO CERVICAL TRANSFORMATION ZONE BIOPSIES TAKEN?
- YES 1 **(GO TO C7)**
- NO 2
- SPECIFY REASON: _____
- C7. WAS PERIPHERAL BLOOD DRAWN FOR SERUM PROGESTERONE TO BE RUN LOCALLY?
- YES 1 **(GO TO C8)**
- NO 2
- SPECIFY REASON: _____
- C8. WAS PERIPHERAL BLOOD DRAWN FOR PLASMA HIV VIRAL LOAD TO BE SHIPPED TO UCSF?
- YES 1 **(GO TO C9)**
- NO 2
- SPECIFY REASON: _____
- N/A, Participant is HIV negative 3 **(GO TO C9)**

WIHSID

C9. PROCEDURE END TIME : |__|_|:|__|_| AM.....1 PM.....2

NOTES:

SECTION D: SHIPPING DISPOSITION OF SPECIMENS COLLECTED FROM ALL PARTICIPANTS

MEROCEL SPONGES

D1. Was one sponge placed in each of 2 Wheaton cryovials, flash frozen, and shipped to McCune Lab at UCSF?	Yes.....1 If no, specify reason:	No2
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ENDOMETRIAL BIOPSY

D2. Was 1/2 of specimen flash frozen and shipped to McCune Lab at UCSF?	Yes.....1 If no, specify reason:	No2
D3. Was 1/2 of specimen placed in formalin and shipped to McCune Lab at UCSF?	Yes.....1 If no, specify reason:	No2

CERVICAL TRANSFORMATION SPECIMENS

D4. Was one specimen flash frozen and shipped to McCune Lab at UCSF?	Yes.....1 If no, specify reason:	No2
D5. Was one specimen placed in formalin and shipped to McCune Lab at UCSF?	Yes.....1 If no, specify reason:	No2

SECTION E: SHIPPING DISPOSITION OF SPECIMENS COLLECTED FROM POSITIVE PARTICIPANTS ONLY

TEAR-FLO CERVICAL WICK SPECIMEN

E1. Were all three wick heads placed in one Corning cryovial with lysis buffer, flash frozen, and shipped to McCune lab at UCSF?	Yes.....1 If no, specify reason:	No2
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PLASMA FOR HIV VIRAL LOAD

E2. Was whole blood spun down, aliquotted into cryovial, flash frozen, and shipped to McCune Lab at UCSF?	Yes.....1 If no, specify reason:	No2
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