

WOMEN'S INTERAGENCY HIV STUDY
ORAL PROTOCOL: COLLECTION OF SUBGINGIVAL PLAQUE SAMPLES
FORM OP10

ID LABEL HERE ---> |_| - |_|_| - |_|_|_|_| - |_| VISIT#: _____ VERSION DATE: **04/01/03**

FORM COMPLETED BY: _____ DATE OF COLLECTION: _____ / _____ / _____

1. Were any plaque samples collected?

YES..... 1
 NO 2 **(END)**

2. Sample(s) from site(s) exhibiting positive gingival banding scores on *facial and lingual*?
 (Refer to OP8 for subgingival banding scores indicating collection of plaque sample)

YES..... 1
 NO 2 **(3)**

a.)	GB samples taken from tooth #	Facial	<input type="text"/>	Lingual	<input type="text"/>
b.)	GB control sample taken from tooth #	Facial	<input type="text"/>	Lingual	<input type="text"/>

3. Sample(s) from site(s) receiving Papillary Assessment scores of **1, 2, 3 or 5**?
 (Refer to OP9 for papillary assessment scores)

YES..... 1
 NO 2 **(4)**

a.) tooth #	b.) Papillary Score (circle)	a.) tooth #	b.) Papillary Score (circle)
i. <input type="text"/>	1 2 3 5	iv. <input type="text"/>	1 2 3 5
ii. <input type="text"/>	1 2 3 5	v. <input type="text"/>	1 2 3 5
iii. <input type="text"/>	1 2 3 5	vi. <input type="text"/>	1 2 3 5

4. Samples from site(s) exhibiting a 2mm or greater change in attachment level since prior to last visit.
 (Refer to OP14 for loss of attachment scores indicating collection of plaque sample).

YES..... 1
 NO 2 **(END)**

a.) tooth #	i. <input type="text"/>	ii. <input type="text"/>	iii. <input type="text"/>
	iv. <input type="text"/>	v. <input type="text"/>	vi. <input type="text"/>