

VSB-0001	<p>Collection Status (Select one)</p> Collected <input type="checkbox"/> 1 Not Collected <input type="checkbox"/> 2
VSB-0002	<p>Reason for Not Collected (Select one)</p> Physical Limitations <input type="checkbox"/> 1 Participant Ill/ Emergency <input type="checkbox"/> 2 Defective Collection Kit <input type="checkbox"/> 3 Communication Problem <input type="checkbox"/> 4 No Time <input type="checkbox"/> 5 Other Specify _____ <input type="checkbox"/> 96 Refused <input type="checkbox"/> 97
VSL-0001	<p>Collection Status (Select one)</p> Collected <input type="checkbox"/> 1 Not Collected <input type="checkbox"/> 2
T3 First or T3 Prior ONLY pH value: _ _ pH units Note: Record pH value before creating the slide.	<p>Reason for Not Collected (Select one)</p> Physical Limitations <input type="checkbox"/> 1 Participant Ill/ Emergency <input type="checkbox"/> 2 Defective Collection Kit <input type="checkbox"/> 3 Communication Problem <input type="checkbox"/> 4 No Time <input type="checkbox"/> 5 Broken slide <input type="checkbox"/> 6 Other Specify _____ <input type="checkbox"/> 96 Refused <input type="checkbox"/> 97
Vaginal Swab Collection Comment: _____ _____ _____	

Initials QC _____
