

The Cerclage Suture Type for an Insufficient Cervix and its effect on Health outcomes (C-STICH)

CRF4: C-STICH MICROBIOLOGY ASSESSMENT

PLEASE COMPLETE THIS FORM WHEN THE RESULTS ARE RETURNED FROM MICROBIOLOGY FOR SWABS AND SUTURES.

- A. FOR HIGH VAGINAL SWAB (HVS) RESULTS PLEASE COMPLETE ALL SECTIONS.
- B. FOR SUTURE RESULTS PLEASE COMPLETE ONLY SECTIONS 1, 2, 4, AND 5.

Section 1. Patient Details:

	ent's trial ent's Date	number:	VI-YYYY): M	M - Y Y Y	
Se	ction 2	2. Source	material:		
2a. V	What is the s	ource material?			
(PI	ease tick one)	High vag	ginal Swab	Removed Suture	
		Please comple	te Sections 3 & 4	Please complete Section 4	
	the source r		oved suture', please	tick to indicate which suture ty	pe the
	Braided	Monofilament			

Section 3. Microscopy Results for HVS:

Please complete this section for high vaginal swabs only:

3a. **Leucocytes**: please tick the box that best corresponds to the local laboratory's assessment of leucocytes (please tick one box only)

+	++	+++	Not performed
•	+	+ ++	+ ++ +++

3b. Other microscopic observations: please tick the box for each infection type that best corresponds to the local laboratory's assessment of other microscopic observations.

	Detected	Not detected	Intermediate flora	Not performed
Bacterial Vaginosis				
Yeasts				
Trichomonas				

Section 4. Culture Results for HVS and Sutures:

Please complete this section for the results of both HVS and suture assessments.

4a. Gram-positive: Please tick the box for each infection type that best corresponds to the local laboratory's assessment of Gram-positive.

Gram-positive bacteria	Detected	Not detected	Not performed
Staphylococcus aureus			
Group A, β -haemolytic Streptococci			
Group Β, β -haemolytic Streptococci			
Other β -haemolytic			
S. pneumoniae			
Other α -haemolytic streptococci			
Streptococcus anginosus group			
Enterococci			

Section 4. Continued...

4b. Gram-negative: Please tick the box for each infection type that best corresponds to the local laboratory's assessment of Gram-negative.

Gram-negative bacteria	Detected	Not detected	Not performed
Escherichia coli			
Klebsiella spp.			
Proteus spp			
Enterobacter spp.			
Other or unidentified enterobacteriaceae			
Haemophilus influenzae			
Neiserria gonorrhoaea			
Pseudomonas aeruginosa			
Enterococci			

4c. Other microorganisms: Please tick the box for each infection type that best corresponds to the local laboratory's assessment of other microorganisms.

Other	Detected	Not detected	Not performed
Mixed growth			
Trichomonas Vaginalis (can be performed via PCR)			
Candida or other yeasts			

Section 5. Some Information About You:

Your Name:					•••••	•••••		•••••	•••••	
Your Centre:				•••••				••••		
Today's date:	D D	- M	М	M	-	Υ	Υ	Υ	Υ	

THANK YOU FOR COMPLETING THIS FORM

Please enter the information from this CRF into the C-STICH online database by logging in at trials.bham.ac.uk/CSTICH

OR return a copy of the completed form to the trials office to be entered onto the database. Please return to:

C-STICH Trial, FREEPOST RTGS-UKLK-JKHS, Birmingham Clinical Trials Unit, Institute of Applied Health Research, University of Birmingham, B15 2TT

Or by fax to **0121 415 9136**

Or via email to cstich@trials.bham.ac.uk