

Patient number

Date of visit
month day year

BPH FORM E02.1

October, 1993

Page 1 of 2

FORM NUMBER = (FORM)
FORM VERSION = (VERS)

NIH - BPH CLINICAL TRIAL: PILOT STUDY

CREATININE RISE EVENT REPORT

This form should be completed if the patient experiences a rise in creatinine of 1.5 times the baseline value.

A. Patient Identification

1. Patient number (PATID)

clinic patient

2. Patient's initials (INITS)

first last

3. Patient's date of birth (DOB)

month day year

B. Initial Creatinine Rise Event Visit

1. Date of initial event visit (CVSTDT)

month day year

2. Week of initial event visit (CIVWK)

3. Type of visit (CIVTYP)

☐ Follow-up Visit

☐ Interim Visit

4. Serum creatinine (CIVSC)

mg/dl

5. Is the value in question B.4 greater than or equal to 1.5 times the baseline serum creatinine (see label)? (CIVGRT)

YES NO
☐ ☐

If YES, CONTINUE.

The patient should be scheduled for a confirming visit within 4 weeks from initial creatinine rise visit.

The Interim Visit Checklist should also be completed during the confirming visit.

Patient number

Date of visit
month day year

C. Confirming Creatinine Rise Event Visit

1. Date of visit (CCVDT)

month day year

2. Week of visit (CCVWK)

3. Serum creatinine (CCVSC)

. mg/dl

4. Is the value in question C.3 greater than or equal to
1.5 times the baseline serum creatinine (see label)? (CCVGRT)

YES NO
1 2

If the serum creatinine in question C.3 is greater than or equal to 1.5 times the baseline serum creatinine, this documents a creatinine rise event. If the patient is on coded medication, STOP ALL CODED MEDICATION.

5. Creatinine rise event declared? (CCVDEC)

YES NO
1 2

If YES, CONTINUE.

6. Is the patient on coded medications? (CCVMED)

YES NO
1 2

If YES, STOP ALL CODED MEDICATIONS AND CONTINUE.

7. Date coded medication discontinued (CCVDISC)

month day year

Initials of person completing form (FORMIN)

first last

Date form completed

(FORMDT)

month day year

Signature _____