

Patient number

Date of biopsy   
month day year

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

## NIH - BPH CLINICAL TRIAL

### NON-SCHEDULED BIOPSY INFORMATION

This form should be completed any time after randomization that a biopsy is performed that is for a patient who is not participating in the biopsy substudy or for a patient who is participating in the biopsy substudy, but the biopsy was performed outside the study (tissue was NOT processed by the Diagnostic Center).

#### 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. Visit Information

1. Date of biopsy (GVSTDT)

month day year

2. Week of visit (GVIWK)

3. Sonographer's initials (GVISONI)

first last

4. Reason for biopsy (Check all that apply)

☐ Follow-up PSA Result (GVIRPSA)

☐ Follow-up DRE (GVIRDRE)

☐ Patient Choice (GVIRPC)

☐ Other, specify below (GVIRO)

(GVIROX)

#### C. Biopsy Information and Results

1. Number of cores obtained (GBICORE)

2. Biopsy Results (Check all that apply)

<input type="checkbox"/>	Cancer (Complete section a)	(GBRCAN)
<input type="checkbox"/>	Dysplasia / PIN (Complete section b)	(GBRPIN)
<input type="checkbox"/>	Prostatitis	(GBRPROS)
<input type="checkbox"/>	Atrophy	(GBRATRO)
<input type="checkbox"/>	Hyperplasia	(GBRHYP)
<input type="checkbox"/>	None of the above	(GBRNONE)

Patient number

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a. If Cancer checked in Question C.2, complete this section

i. Primary Gleason Score (GBCG1)

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ii. Secondary Gleason Score (GBCG2)

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iii. Gleason Sum (GBCGS)

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b. If Dysplasia / PIN checked in Question C.2, complete this section

i. Grade (GBPGRAD)

1	Low (I)
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2	High (II or III)
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3. Is a copy of the biopsy report attached? (GBRRPT)

YES	NO		
<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1			
2			

If NO:

a. Why not?

(GBRRPTW)

Initials of person completing form (FORMIN)

first		last	

Form entered in computer?

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