

NIH - BPH CLINICAL TRIAL

PSA COLLECTION REPORT

This form should be completed any time after randomization that serum specimen is collected for Diagnostic Center determination of PSA.

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 serum specimen collected (CVSTDT)

| | | |
|-------|-----|------|
| | | |
| month | day | year |

2. Week of visit (CVIWK)

| | | |
|--|--|--|
| | | |
|--|--|--|

3. Type of visit (CVITYP)

| | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Major Follow-up |
| <input type="checkbox"/> | Interim |
| <input type="checkbox"/> | Standard Follow-up |
| <input type="checkbox"/> | Titration |

If Interim, Standard Follow-up or Titration Visit, CONTINUE.

If Major Follow-up Visit, SKIP to Question B.4

a. Reason for collection (CVITYPX)

| |
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| |
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4. Has the patient been off coded finasteride for at least 16 weeks? (CVIOFIN)

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

If YES, CONTINUE.

a. Date coded finasteride discontinued (CVIOFDT)

| | | |
|-------|-----|------|
| | | |
| month | day | year |

Initials of person completing form (FORMIN)

| | | | |
|-------|--|------|--|
| | | | |
| first | | last | |

Form entered in computer?

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