

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)

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3. Type of visit (CVITYP)

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

If Interim Visit, CONTINUE.

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

a. Reason for collection (CVITYPX)

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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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