

**C
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N** CHRONIC
PROSTATITIS
COHORT

Four Glass Test
Specimen Cultures

Patient ID: 1 _____
 Patient Initials: _____
 Clinical Center: _____
 Contact Month: _____
 Date: _____ / _____ / _____
month day year
 RC ID: _____

(Research Coordinator Completed)

The table below lists the specimens to be identified in each sample, and each specimen's appropriate code. Use these codes when completing the tables for the culture count for each specimen.

Specimen	Specimen Code
Staphylococcus Epidermidis	01
Staphylococcus Aureus	02
Staphylococcus Other	03
Streptococcus Viridans	04
Staphylococcus Hemolyticus	05
Streptococcus Other	06
Enterococcus Fecalis	07
Corynebacterium	08
Escherichia Coli	09
Klebsiella	10
Pseudomonas	11
Proteus	12
Other	13

Four Glass Test Specimen Cultures

Patient ID: 1 _____

Contact Month: _____

48 Hour Culture Count

1. Date of 48 hour count

____ / ____ / ____
month day year

VB1 - 48 hours

2. Was there any growth?

₁ Yes ₀ No

If **Yes**, please complete the chart below, indicating what specimens were present, and the culture count measured in CFU/ml:

Specimen Code	< 100,000 OR ≥ 100,000	If < 100,000, please enter actual count
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml

VB2 - 48 hours

3. Was there any growth?

₁ Yes ₀ No

If **Yes**, please complete the chart below, indicating what specimens were present, and the culture count measured in CFU/ml:

Specimen Code	< 100,000 OR ≥ 100,000	If < 100,000, please enter actual count
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml

Four Glass Test Specimen Cultures

Patient ID: 1 _____
Contact Month:

EPS - 48 hours

4. Was the patient able to provide an EPS sample? ₁ Yes ₀ No

If **Yes**, continue on to question #5.
If **No**, go to question #6.

5. Was there any growth? ₁ Yes ₀ No

If **Yes**, please complete the chart below, indicating what specimens were present, and the culture count measured in CFU/ml:

Specimen Code	< 100,000 OR ≥ 100,000	If < 100,000, please enter actual count
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml

VB3 - 48 hours

6. Was a VB3 sample collected? ₁ Yes ₀ No

If **Yes**, continue on to question #7.
If **No**, go to question #8.

7. Was there any growth? ₁ Yes ₀ No

If **Yes**, please complete the chart below, indicating what specimens were present, and the culture count measured in CFU/ml:

Specimen Code	< 100,000 OR ≥ 100,000	If < 100,000, please enter actual count
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml

Four Glass Test Specimen Cultures

Patient ID: 1 _____
Contact Month: _____

5 Day Culture Count

8. Date of 5 day count

____ / ____ / ____
month day year

VB1 - 5 days

9. Was there any growth?

₁ Yes ₀ No

If **Yes**, please complete the chart below, indicating what specimens were present, and the culture count measured in CFU/ml:

Specimen Code	< 100,000 OR ≥ 100,000	If < 100,000, please enter actual count
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml

VB2 - 5 days

10. Was there any growth?

₁ Yes ₀ No

If **Yes**, please complete the chart below, indicating what specimens were present, and the culture count measured in CFU/ml:

Specimen Code	< 100,000 OR ≥ 100,000	If < 100,000, please enter actual count
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml

Four Glass Test Specimen Cultures

Patient ID: 1 _____
 Contact Month:

EPS - 5 days

11. Was the patient able to provide an EPS sample? ₁ Yes ₀ No

If **Yes**, continue on to question #12.
 If **No**, go to question #13.

12. Was there any growth? ₁ Yes ₀ No

If **Yes**, please complete the chart below, indicating what specimens were present, and the culture count measured in CFU/ml:

Specimen Code	< 100,000 OR ≥ 100,000	If < 100,000, please enter actual count
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml

VB3 - 5 days

13. Was a VB3 sample collected? ₁ Yes ₀ No

If **Yes**, continue on to question #14.

14. Was there any growth? ₁ Yes ₀ No

If **Yes**, please complete the chart below, indicating what specimens were present, and the culture count measured in CFU/ml:

Specimen Code	< 100,000 OR ≥ 100,000	If < 100,000, please enter actual count
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml
— — —	<input type="checkbox"/> ₁ <100,000 <input type="checkbox"/> ₂ ≥100,000	_____ CFU/ml