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N** CHRONIC  
PROSTATITIS  
COHORT

Patient Completion

Patient ID: 1 \_\_\_\_\_  
Patient Initials: \_\_\_\_\_  
Clinical Center: \_\_\_\_\_  
Last Contact Month: \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  month                  day                  year  
RC ID: \_\_\_\_\_

(Research Coordinator Completed)

This form is to be completed at the time of the study's close-out processes for every patient in the CPC study.

1. Has the patient completed the CPC study? <sub>1</sub> Yes <sub>0</sub> No

**Signatures**

I verify that all information collected on the CPCRN CPC data collection forms for this patient has been reviewed and is correct to the best of my knowledge, and was collected in accordance with the procedures outlined in the CPCRN CPC Protocol and Manual of Procedures.

2. Research Coordinator's signature:

\_\_\_\_\_

Research Coordinator's ID: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  month                  day                  year

3. Principal Investigator's signature:

\_\_\_\_\_

Principal Investigator's ID: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  month                  day                  year