

**C
P
C
R
N** CHRONIC
PROSTATITIS
COHORT

Patient Withdrawal

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This form is to be completed **ONLY** if the patient is being withdrawn from future participation in the CPC study.

1. Please indicate the **primary** reason for withdrawal:

- ₁ No longer interested in participating
- ₂ No longer willing to follow the protocol
- ₃ Lost to follow-up
- ₄ Access to clinic is too difficult
- ₅ Unable to make visits during clinic hours
- ₆ Unable to continue due to personal constraints
- ₇ Unable to continue due to medical condition unrelated to prostatitis
- ₈ Other

Please specify: _____