

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

Screening Confirmation

Patient ID: 1 _____
Patient Initials: _____
Clinical Center: _____
Contact Month: 0
Date: _____ / _____ / _____
 month day year
RC ID: _____

(RC and PI Completed)

1. Has this patient been fully screened and is now eligible to participate in the CPC study? ₁ Yes ₀ No

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