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N** CHRONIC  
PROSTATITIS  
COHORT

Semen Sample

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

(Research Coordinator Completed)

1. Has the patient remained abstinent for the past 48 hours? <sub>1</sub> Yes <sub>0</sub> No
2. Was the patient able to provide a semen sample? <sub>1</sub> Yes  
<sub>2</sub> No, refused  
<sub>3</sub> No, unable
- If Yes, please continue

**Semen Microscopy**

3. Volume of semen sample \_\_\_\_\_ . \_\_\_\_\_ ml
4. White Blood Cell Count (/hpf) <sub>1</sub> ≤ 25  
<sub>2</sub> 26 - 50  
<sub>3</sub> 51-75  
<sub>4</sub> 76-100  
<sub>5</sub> >100
- If ≤ 25, give actual count \_\_\_\_\_ /hpf
5. Date seminal plasma sample sent to lab for storage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month                  day                  year

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

# Semen Sample

Patient ID:   1   \_\_\_\_\_

Contact Month:   0  

## 48 Hour Culture Count

6. Date of 48 hour count

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year

7. Was there any growth?

<sub>1</sub> Yes      <sub>0</sub> 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"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml

## 5 Day Culture Count

8. Date of 5 day count

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month      day      year

9. Was there any growth?

<sub>1</sub> Yes      <sub>0</sub> 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"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml
____	<input type="checkbox"/> <sub>1</sub> <100,000 <input type="checkbox"/> <sub>2</sub> ≥100,000	_____ CFU/ml