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N** CHRONIC  
PROSTATITIS  
COHORT

Serum Sample

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

(Research Coordinator Completed)

1. Was a research serum sample obtained?

<sub>1</sub> Yes     <sub>0</sub> No

If **Yes**, date serum sample sent to lab for storage

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