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N** CHRONIC  
PROSTATITIS  
COHORT

Urethral Swab

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

(Research Coordinator Completed)

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

**5 Day Urethral Swab Culture**

- Date of 5 day culture \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month                  day                  year
- Was there any growth? <sub>1</sub> Yes      <sub>0</sub> No

If **Yes**, please complete the chart below, indicating which specimens were present

Specimen Code
_____
_____
_____
_____
_____