| ICCTG PROTOCOL #1 | Urine Screening | Patient ID: ___ ___ ___ ___ ___<br>Patient Initials: ___ ___ ___<br>Clinical Center: ___<br>Contact Week: 0<br>Date: __ __ / __ __ / __ __<br>month day year<br>RC ID: ___ ___ ___ ___ |
|---|---|---|

(Research Coordinator completed prior to the Baseline 2 visit)
*(Please attach a copy of the applicable reports with all personal identifiers concealed: urine culture results and ultrasound report, when available.)*

**URINE ANALYSIS AND CULTURE:**

1. Date urine sample obtained: Date: __ __ / __ __ / __ __ (month day year)

2. Dipstick urinalysis:
   - ❒0 Normal
   - ❒1 Abnormal

   a. If **ABNORMAL**, complete section below::

| | | |
|---|---|---|
| Nitrite | ❒1 Yes | ❒0 No |
| Blood | ❒1 Yes | ❒0 No |
| Hemoglobin | ❒1 Yes | ❒0 No |
| Leukocytes | ❒1 Yes | ❒0 No |

3. Did this patient have a positive urine culture (colony count >$10^5$ of uropathogens)?
   - ❒1 Yes *(Patient must be deferred)*
   - ❒0 No

**RESIDUAL URINE VOLUME: (MEN ONLY) (FOR FEMALES, INDICATE N/A)**

4. Residual urine volume: Date performed: Date: __ __ / __ __ / __ __ (month day year)
   - ❒9 not applicable

5. Did this patient have a residual urine volume greater than 150cc as measured by ultrasound or catheter?
   - ❒1 Yes *(Patient is excluded)*
   - ❒0 No
   - ❒9 not applicable