

**ICCTG RCT #2 Visit Schedule - Phase II**

		Treatment Phase (6 txs in 10 wks)						Post-Treatment Follow-Up Phase (24 weeks)						
Event (Phase II)	Form Name	Rx 1	Rx 2	Rx 3	Rx 4	Rx 5	Rx 6	Phone or Clinic (Optional)	Phone	Phone	Phone	Phone	Phone	Clinic
Week #		*35	*	*	*	*	*	44, 45 or 46	48	52	56	60	64	68
Visit #		16	17	18	19	20	21	22	23	24	25	26	27	28
CBC w/ electronic differential	LAB	X*	X*	X*	X*	X*	X*	X*	X*	X*	X*	X*	X*	X
Serum Pregnancy Test	LAB	X*	X*	X*	X*	X*	X*	X*	X*	X*	X*	X*	X*	X
Urine Screening	URINE													X
Urine Screening/During Treatment	DOSE	X	X	X	X	X	X							
Urine Culture/End of Phase II	URINE													X
Urine Culture/During Treatment	LAB	X*	X*	X*	X*	X*	X*							
Participant Daily Medication Diaries (given to participant)	PTDIARY	X	X	X	X	X	XX							
Concomitant Medications (PTDIARY returned by participant)	CMED	X (given at Visit 15)	X	X	X	X	X			X				X
Voiding Diary (given to the participant)	VOID						X							
Voiding Diary (returned by the participant)	VOID													X
Physical Exam (No Pelvic Exam)	EXAM													X
IC Symptom and Problem Index	SYM													X
Health Status Questionnaire	SF36													X
MOS Sexual Functioning Scale	MOS													X
U. of Wis. Symptom Survey	WIS													X
Adverse Events and Serious Adverse Events	AE	X	X	X	X	X	X	X	X	X	X	X	X	X
Instillation/Dosing Information	DOSE	X	X	X	X	X	X							
Telephone Contact During Treatment Phase	PHNTP	X	X	X	X	X	X							
Symptoms Assesment Guidelines	SAG	X	X	X	X	X	X							
Follow-Up Symptoms	FUSYM													X
Standard Visit Inventory	STVST							X	X	X	X	X	X	X
Comments Sheet	COMM	PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN	PRN
Treatment Stop Point	TSTOP						X							
Study Stop Point	STOPII													X

X\* = Ordered on an as-needed basis; data entry required at the specified visits.