ICDB

Interstitial Cystitis Data Base

Patient ID: ___ ___ ___ ___ ___ ___

Date: ___ ___ / ___ ___ / ___ ___
month day year

Deferral Checklist #1

	yes *(1)*	***no*** *(0)*	***unknown*** *(8)*
1. Have you had a positive culture for bacterial cystitis within the last 3 months?	☐	☐	☐
2. Have you ever been diagnosed with genital herpes?	☐	☐	☐
If yes, was your last active episode within the last 3 months?	☐	☐	☐
3. (***Men only %***) Have you had a positive culture for bacterial prostatitis within the past 6 months?	☐	☐	☐
4. Have you had any of the following procedures in the last 3 months: a. cystometrogram or CMG?	☐	☐	☐
b. bladder cystoscopy under full anesthesia?	☐	☐	☐
c. bladder biopsy?	☐	☐	☐
d. urethra dilated?	☐	☐	☐

Are any shaded boxes checked?

☐$_1$ yes Patient is deferred. Refer to manual of operations for length of time of deferral.
Please indicate approximate date patient will be eligible: ___ ___ / ___ ___ / ___ ___

☐$_0$ no Please continue with the screening process.