

Patient ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          month    day    year

### Exclusion Checklist # 1

|   | <i>yes</i><br>(1)        | <i>no</i><br>(0)         | <i>unknown</i><br>(8)    |
|---|--------------------------|--------------------------|--------------------------|
| 1. Have you ever been diagnosed with genito-urinary tuberculosis?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been diagnosed with bladder or urethral cancer?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ( <i>Women only</i> ♀) Have you ever been diagnosed with any gynecologic cancer (ovarian, uterine, vaginal or cervical)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , have you shown any evidence of this disease within the past 3 years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ( <i>Men only</i> ♂) Have you ever been diagnosed with prostate cancer?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had any of the following therapies or procedures:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Pelvic radiation therapy?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cytosan (cyclophosphamide) therapy?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Augmentation cystoplasty?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cystectomy?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cystolysis or bladder denervation procedure?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Neurectomy affecting bladder function?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### Exclusion Eligibility Check

Are any shaded boxes checked?

<sub>1</sub> yes  Patient is excluded.

<sub>0</sub> no  Please continue with the screening process.