



Interstitial Cystitis Data Base

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

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

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*Exclusion Checklist # 3*

1. Was this patient's bladder biopsy positive for malignancy, high-grade dysplasia, or carcinoma *in situ*?

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

<sub>0</sub> no  Patient is eligible to continue.