

CMV Study  
Ancillary Study Form

This form should be completed for all Mayo patients participating in the CMV Study who were considered by Dr. Paya to have had CMV disease (viuria) based on a positive urine culture. These results were not recorded on an existing LTD follow-up data collection form because they were 1) note the most recent culture done at a given evaluation timepoint (CO form), 2) considered to be CMV shedding (MF form), 3) prior to the LTD diagnosis of CMV disease, which is based on a positive blood culture.

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

1. Site \_\_\_\_\_

2. Organism \_\_\_\_\_

3. Date of 1<sup>st</sup> positive culture      \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY