

NIH - BPH CLINICAL TRIAL

NON-SCHEDULED BIOPSY INFORMATION

This form should be completed any time after randomization that a biopsy is performed that is for a patient who is not participating in the biopsy substudy or for a patient who is participating in the biopsy substudy, but the biopsy was performed outside the study (tissue was NOT processed by the Diagnostic Center). This form should also be completed for invasive therapy procedures that entail pathology reports for prostate tissue taken.

A. Patient Identification

1. Patient number (PATID)

clinic			patient	

2. Patient's initials (INITS)

first		last	

3. Patient's date of birth (DOB)

month	day	year	

B. Visit Information

1. Date of procedure (GVSTDT)

month	day	year	

2. Week of visit (GVIWK)

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3. Is the pathology information from a TRUS/Biopsy (not an invasive therapy)? (GVITBX)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
1	2

If YES, continue. If NO, SKIP to question C.2.

4. Sonographer's initials (GVISONI)

first		last	

5. Reason for biopsy (Check all that apply)  Follow-up PSA Result (GVIRPSA)

Follow-up DRE (GVIRDRE)

Patient Choice (GVIRPC)

Other, specify below (GVIRO)

(GVIROX)
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C. Biopsy Information and Results

1. Number of cores obtained (GBICORE)

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2. Pathology Results (Check all that apply)

1	Cancer (Complete section a)	(GBRCAN)
1	Dysplasia / PIN (Complete section	(GBRPIN)
1	Prostatitis	(GBRPROS)
1	Atrophy	(GBRATRO)
1	Hyperplasia	(GBRHYP)
1	None of the above	(GBRNONE)

Patient number

Date of procedure   
month day year

a. If Cancer checked in Question C.2, complete this section

i. Primary Gleason Score **(GBCG1)**

ii. Secondary Gleason Score **(GBCG2)**

iii. Gleason Sum **(GBCGS)**

b. If Dysplasia / PIN checked in Question C.2, complete this section

i. Grade **(GBPGRAD)**  Low (I)

High (II or III)

3. Is a copy of the pathology report attached? **(GBRRPT)**

YES NO

If NO:

a. Why not?  **(GBRRPTW)**

Initials of person completing form **(FORMIN)**   
first last

Form entered in computer?