

Patient number

Date of biopsy
month day year

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).

A. Patient Identification

1. Patient number (PATID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
clinic		patient		

2. Patient's initials (INITS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
first		last	

3. Patient's date of birth (DOB)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year	

B. Visit Information

1. Date of biopsy (GVSTDT)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year	

2. Week of visit (GVIWK)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Sonographer's initials (GVISONI)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
first		last	

4. Reason for biopsy (Check all that apply)

Follow-up PSA Result (GVIRPSA)

Follow-up DRE (GVIRDRE)

Patient Choice (GVIRPC)

Other, specify below (GVIRO)

(GVIROX)

C. Biopsy Information and Results

1. Number of cores obtained (GBICORE)

<input type="text"/>	<input type="text"/>
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2. Biopsy Results (Check all that apply)

<input type="checkbox"/>	Cancer (Complete section a)	(GBRCAN)
<input type="checkbox"/>	Dysplasia / PIN (Complete section b)	(GBRPIN)
<input type="checkbox"/>	Prostatitis	(GBRPROS)
<input type="checkbox"/>	Atrophy	(GBRATRO)
<input type="checkbox"/>	Hyperplasia	(GBRHYP)
<input type="checkbox"/>	None of the above	(GBRNONE)

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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)** ¹ Low (I)

² High (II or III)

3. Is a copy of the biopsy report attached? **(GBRRPT)** YES ¹ NO ²

If NO:

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

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

Form entered in computer?