Screening number			

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FORM NUMBER = (FORM) FORM VERSION = (VERS)

NIH - BPH TRIAL

RECRUITMENT SOURCE TRACKING INFORMATION

This form is to be completed at Screening Visit 1 in order to track recruitment sources.

Down I / IDENTIFICATION	
Part I / IDENTIFICATION	
A. <u>Patient Identification</u>	
1. Clinic number (CLINIC)	
2. Screening number (SCREEN)	S
3. Patient's initials (INITS)	first last
4. Patient's date of birth (DOB)	month day year
B. <u>Visit Information</u>	
Date of Screening Visit 1 (OVISV1D)	month day year
2. How did the patient find out about the study? (
Community Event / Presentation Physician, Clinic or Medical Records	Poster or Display Mailing
Newspaper	8 Newsletter
⁴ Television	9 Word of Mouth
^⁵ Radio	¹⁰ Other
3. Did the patient contact the national 800 number? (OVI800) T 2
Initials of person completing form (FORMIN) first las	Form entered in computer?