

Patient number

Date of visit
month day year

NIH - BPH CLINICAL TRIAL: PILOT STUDY

TRUS AND BIOPSY INFORMATION

This form should be completed at Screening Visit 2 and Six -month or End of Study Visit.

Part I / IDENTIFICATION

A. Patient Identification

1. Clinic number (CLINIC)

2. Patient Identification number

a. If before randomization, Screening number (SCREEN)

b. If after randomization, Patient number (PATID)
clinic patient

3. Patient's initials (INITS)
first last

4. Patient's date of birth (DOB)
month day year

B. Visit Information

1. Date of visit (TVSTDT)
month day year

2. Type of visit (TVITYP) Screening Visit 2
 6-month or End of Study Visit

3. If 6-month or End of Study Visit, week of visit (TVIWK)

4. Sonologist's initials (TVISONI)
first last

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Part II / TRUS INFORMATION

C. Ultrasound Measurements

1. Total Gland

a. Transverse view

b. Longitudinal view

i. Height cm (TUGTH)

i. Height cm (TUGLH)

ii. Width cm (TUGTW)

ii. Length cm (TUGLL)

c. Ellipsoid volume (machine read) cc (TUGEV)

2. Transition Zone

a. Transverse view

b. Longitudinal view

i. Height cm (TUZTH)

i. Height cm (TUZLH)

ii. Width cm (TUZTW)

ii. Length cm (TUZLL)

c. Ellipsoid volume (machine read) cc (TUZEV)

For each question in this section, please check all that apply.

3. The inner gland (transition zone) is:

- Normal (TUIGN)
- BPH (TUIGB)
- Calculi (TUIGC)
- Other (TUIGO)

4. The peripheral zone is:

- Normal (TUPZN)
- Hypoechoic (TUPZH)
- Calculi (TUPZCA)
- Cyst (TUPZCY)
- Vascular (TUPZV)

5. The surgical capsule is:

- Normal (TUSCN)
- Calculi (TUSCC)
- Distorted (TUSCD)

6. The capsule is:

- Intact (TUCINT)
- Penetrated (TUCPEN)
- Suspicious (TUCSUS)

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D. Biopsy Sites

Please mark biopsy sites with an "X".

Part III / DIAGNOSTIC CENTER MAILING INFORMATION

E. Mailing Information

1. Date tissue sent to the Diagnostic Center (TMIDT)
month day year

Initials of person completing form (FORMIN)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> first last
Date form completed (FORMDT)	<input type="text"/> <input type="text"/> <input type="text"/> month day year
Signature	