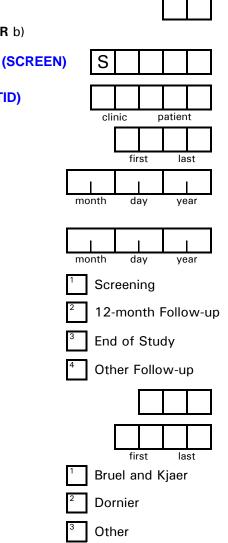
## NIH - BPH TRIAL

## TRUS AND BIOPSY INFORMATION

This form should be completed any time a TRUS is performed (with or without biopsy). TRUS is performed in all patients at Screening Visit 2. For patients participating in the biopsy substudy, TRUS and biopsy are performed at Screening Visit 2, 12-Month Major Follow-up Visit and End-of-Study.

## Part I / IDENTIFICATION

- A. Patient Identification
- 1. Clinic number (CLINIC)
- 2. Patient Identification number (Complete a OR b)
  - a. If before randomization, Screening number (SCREEN)
  - b. If after randomization, Patient number (PATID)
- 3. Patient's initials (INITS)
- 4. Patient's date of birth (DOB)
- B. Visit Information
- 1. Date of visit (TVSTDT)
- 2. Type of visit (TVITYP)



3. If Follow-up Visit, week of visit (TVIWK)

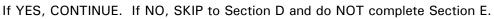
- 5. Type of ultrasound equipment (TVIUEQ)
  - a. If other, please specify:

4. Sonologist's initials (TVISONI)

cify: (TVIUEQO)

## Part II / DIAGNOSTIC CENTER MAILING INFORMATION

- C. Mailing Information
  - 1. Was at least one biopsy performed? (TMIBXP)



a. Date tissue sent to the Diagnostic Center (TMIDT)

month	day	year		

YES

NO

Patient n	umber		Da	nte of visit	month	day	year		PH FORM P01.2 ecember, 1998 Page 2 of 2		
Part III / T	RUS INFORMA	TION									
D. <u>Ultras</u>	sound Measure	ments									
1. Tot	al Gland			2. Tran	sition Zor	ne					
a. Transverse view				a. Tr	a. Transverse view						
i.	Height	cm ( <b>1</b>	UGTH)	i. H	leight		$\Box$	cm (TUZ	:TH)		
ii.	Width	cm (T	UGTW)	ii. V	Vidth			cm (TUZ	:TW)		
b.	Longitudinal vie	ew		b. L	ongitudin	al view					
i.	Height	cm (1	UGLH)	i. H	leight			cm (TUZ	ί <mark>LH)</mark>		
ii.	Length	cm (T	UGLL)	ii. L	ength			cm (TUZ	ZLL)		
c. I	Ellipsoid volume		сс (т	ugev) c. El	llipsoid vo	lume			CC (TUZEV)		
For each o	question in this	section, please	check all	that apply	•			•			
1 r 1 r 1 ( 1 ( 5. The	Normal 3PH Calculi Other surgical capsul		:	1 1 1 1 1	Hypoec Calculi Cyst Vascula e capsule	hoic ar	(TUP2 (TUP2 (TUP2 (TUP2 (TUP2	ZH) ZCA) ZCY) ZV)			
1 (	Normal Calculi Distorted	(TUSCN) (TUSCC) (TUSCD)		1 1 1	Intact Penetrat Suspicio		(TUCI (TUCI (TUCS	PEN)			
Part IV / C	ONCOMITANT	MEDICATIONS									
		s performed (que	estion C.1	is YES), (	CONTINU	Ε.					
1. Is t med	omitant Medica he patient curre ications? (TCM 'ES, list below:	ently taking any CON)	medicatio	on other th	an the co	ded	YES 1	NO 2			
a.	(TCMCONA)	) (TCMCODA)	f.	(TCM	CONF) (	тсмсс	DDF)				
b.	(TCMCONB	) (TCMCODB)	g	. <b>(TCM</b>	(TCMCONG) (TCMCODG)						
С.	(TCMCONC	) (TCMCODC)	h	. <b>(TCM</b>	(TCMCONH) (TCMCODH)						
d.	(TCMCOND)	(TCMCODD)	ј I I.	(ТСМ	(TCMCONI) (TCMCODI)						
e.	(TCMCONE)	(TCMCODE)	j.	(TCM	CONJ) (	тсмсс	)DJ)				
Initials of p	person completing for		irst las	t	Form ent	tered in	compu	uter?			