



**SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY**

**A1.** Study ID#:  Label

**A2.** Visit #      Baseline ..... TBAS      F/U 2 Weeks ..... TF2W  
                          F/U 6 Weeks ..... TF6W      F/U 6 Months ..... TF06  
                          F/U 12 Months... TF12      F/U 24 Months ..... TF24  
                          Failure ..... TFAI

**A3.** Date Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
    Month                   Day                   Year

**A4.** Initials of Person Completing This Form: \_\_\_\_\_  
 (must be certified Data Collector or TOMUS Investigator)

**A5.** Is this a repeat urinalysis for this visit?

YES, PREVIOUSLY POSITIVE DIPSTICK RESULT ..... 1  
 YES, VISIT MEASURES COMPLETED OVER MULTIPLE DAYS ..... 2  
 NO ..... 3

**SECTION B: Urine Dipstick Results**

**B1.** Was urine dipstick obtained prior to this visit?

Yes ..... 1  
 No ..... 2 → **END; PROTOCOL DEVIATION; COMPLETE F390**

**B1a.** Date of urine dipstick: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
    Month                   Day                   Year

**B1b.** Was result negative (trace or less) for leukocytes and nitrites?

Yes ..... 1 → **END; PROCEED WITH VISIT**  
 No ..... 2

**B1c.** Was catheter specimen obtained and dipstick repeated?

Yes ..... 1  
 No ..... 2 → **END; PROTOCOL DEVIATION; COMPLETE F390**  
 N/A ..... 3 → **END; SEND FOR CULTURE (±EMPIRIC RX) AND RESCHEDULE VISIT WITHIN 7 DAYS;**

**B1d.** Was result negative (trace or less) for leukocytes and nitrites?

Yes ..... 1 → **END; PROCEED WITH VISIT**  
 No ..... 2 → **SEND FOR CULTURE (±EMPIRIC RX) AND RESCHEDULE VISIT WITHIN 7 DAYS;**

**REMINDER: COMPLETE F391 AS NECESSARY FOR UTI**

**B2.** Record volume of PVR<sub>cath</sub> (obtained during collection of catheterized specimen): \_\_\_\_\_ **mL**