



SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

<p>A1. Study ID#: <input type="text" value="Label"/></p> <p>A3. Date Form Completed: ____ / ____ / ____ Month Day Year</p> <p>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</p>	<p>A2. Visit # Baseline TBAS F/U 2 Weeks.....TF2W F/U 6 Weeks TF6W F/U 6 MonthsTF06 F/U 12 Months... TF12 F/U 24 MonthsTF24 Failure TFAI</p> <p>A4. Initials of Person Completing This Form: _____ (must be certified Data Collector or TOMUS Investigator)</p>
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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_{cath} (obtained during collection of catheterized specimen): _____ mL