

ENROLMENT FORM FOR PROSTATE CANCER PATIENTS

Study Number

RQ□□□□□-□

Patient Initials

□□□□

Date of Birth (dd/mm/yyyy)

□□/□□/□□□□

Date Completed (dd/mm/yyyy)

□□/□□/□□□□

Study Physician _____ [Name]

[Signature]

Inclusion criteria (all must be answered as 'Yes' to be eligible)

Confirmed diagnosis of primary prostate cancer Yes No

Suitable for radical radiotherapy or brachytherapy for prostate cancer, including post-prostatectomy patients Yes No

No other malignancy in the last 5 years prior to treatment for prostate tumour except basal cell or squamous cell carcinoma of the skin Yes No

No evidence of distant metastases Yes No

Ability to provide a venous blood sample Yes No

Willingness and ability to comply with scheduled visits (2 years), treatment plans and available for follow up within country of origin Yes No

Greater than 18 years of age (no upper age limit) Yes No

Capacity to understand the patient information sheet and the ability to provide written informed consent Yes No

Exclusion criteria (all must be answered as 'No' to be eligible)

Metastatic disease Yes No

Prior irradiation of the prostate Yes No

Planned use of protons Yes No

High Intensity Focal Ultrasound (HIFU) Yes No

Mental disability or patient otherwise unable to give informed consent and/or complete patient questionnaires Yes No

Limited life expectancy due to co-morbidity Yes No

Known HIV infection/infectious hepatitis Yes No