



## Prostate Biopsy Checklist

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_\_\_ PROSTATE BIOPSY DATE: \_\_\_/\_\_\_/\_\_\_\_\_

	YES	NO	N/A
1. Was a swab performed prior to the prostate biopsy?	<input type="checkbox"/>	<input type="checkbox"/>	
a. <i>If yes</i> , were culture and sensitivity results available at the time of the biopsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <i>If yes</i> , will the patient be receiving culture-specific (i.e., tailored) antibiotic prophylaxis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <i>If no to any of the above questions</i> , will the patient receive augmented antibiotics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>NOTE: If the answer to all 3 questions is "No", then STOP, DO NOT PROCEED with biopsy &amp; ALERT the treating physician.</i>			
2. Does the patient have diabetes that <u>requires medication</u> for blood sugar control?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the patient or a family member work in a hospital, nursing home or health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did the patient receive treatment with antibiotics within 6 months of this biopsy ( <b>not</b> including antibiotics prescribed for this biopsy)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Did the patient travel internationally within 6 months of this biopsy?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the patient ever had to have a prostate biopsy prior to the current procedure?	<input type="checkbox"/>	<input type="checkbox"/>	
a. <i>If yes</i> , did he develop an infection related to the biopsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the patient currently take any blood thinners (e.g., Aspirin, Coumadin, Plavix, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
a. <i>If yes</i> , have they been stopped and/or does the patient have a peri-procedure management plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the patient currently taking any immunosuppressant medications? (e.g., steroids, methotrexate, organ transplant meds, HIV/AIDS meds, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
9. What is the indication for today's prostate biopsy ( <b>check all that apply</b> ):			
a. Elevated PSA	<input type="checkbox"/>		
b. Abnormal PSA velocity	<input type="checkbox"/>		
c. Abnormal % Free PSA	<input type="checkbox"/>		
d. Abnormal DRE	<input type="checkbox"/>		
e. Positive family history	<input type="checkbox"/>		
f. Abnormal biomarker (e.g., PCA3)	<input type="checkbox"/>		
g. Pathology risk factor on prior biopsy (e.g., HG PIN, ASAP)	<input type="checkbox"/>		
h. Active surveillance follow-up	<input type="checkbox"/>		
i. Other	<input type="checkbox"/>		
If other, please specify: _____			