

Prostate Cancer Awareness Week

A Program of the Prostate Conditions Education Council

FINAL REPORT FORM

Site ID #:

Screening Center:

Screening Coordinator:

Coordinator Address:

Address 2:

City:

State:

Zip:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Total Hours:

Total Number of Participants:

White (non-Hispanic):

Hispanics:

African-Americans:

Asian:

Native American:

Hawaiian or Pacific Islander:

Other:

Abnormal DRE's – Not Suspicious:

Abnormal DRE's – Suspicious:

DRE Result – BPH:

Abnormal PSAs:

I VERIFY THAT THE SCREENING CENTER CONDUCTED FOLLOW-UP ACCORDING TO THE DIRECTIONS IN THE PCAW SCREENING GUIDE

Coordinator Signature

Date

