



Prostate Cancer Awareness Week

A program of the Prostate Cancer Education Council

FINAL REPORT FORM

Site ID #

Screening Center

Coordinator

Coordinator Address

City State ZIP

Coordinator Phone

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 PSA's

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

Supervising Official

Date

FAX FINAL REPORT FORM TO (303) 320-3835
Forms may be sent to the Prostate Cancer Education Council
5299 DTC Blvd., Suite 345, Greenwood Village, CO 80111
(303) 316-4685 phone * (866) 4Prost8 toll free