

## Gold Seed Marker Infection Rate Survey

Patient:

MR #:

GSM Date:

Please let us know if you are experiencing any of the following symptoms with urination.

Frequency	Yes	No	
Blood in urine	Yes	No	
Burning	Yes	No	
Lower abdominal discomfort	Yes	No	
Chills	Yes	No	
Fever	Yes	No	
Urine culture performed	Yes	No	N/A
Urine culture positive	Yes	No	N/A
Antibiotics given	Yes	No	N/A
Asymptomatic now	Yes	No	N/A

Comments:

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