

THE PROSTATE BIOPSY NEGATIVE STUDY PATIENT CONSENT FORM

I, _____, agree willingly to participate in the Prostate Biopsy Negative Study. I also understand that I will be randomized to either a placebo or an all natural prostate formula intended to lower the PSA (prostate specific antigen), by lowering the degree of prostate inflammation. Prostate inflammation (prostatitis) is the primary cause of PSA elevation and is felt to be the primary reason that the majority of prostate biopsies are negative.

I understand that I must take one capsule, twice per day, with meals for best results. While there are no reported side effects with either product, I am instructed to report any problems with daily consumption to the coordinating physician. I further agree to get a PSA blood test at intervals of 3 and 6 months. I understand that I must avoid ejaculation or sexual stimulation for at least 48 hours prior to the blood test, as this activity may falsely elevate the PSA blood test result.

Participation in this study involves my commitment to taking either Product A or Product B for the entire 6 month period. It is important to the study outcome that I remain on the same lettered product throughout the study.

I am aware that I will be told the results of my study participation at the completion of the study project. Information will be given to me on how I may remain on the product of choice.

Patient Name: (Printed) _____

Patient Signature & Date: _____

Age and Date of Birth: _____

Witness Signature & Date: _____

Physician Coordinator: _____

Please circle the Product issued for this patient: **PRODUCT A // PRODUCT B**

**PROSTATITIS AND PROSTATE CANCER CENTER
RONALD E. WHEELER, M.D.
1819 MAIN STREET/SUITE 401
SARASOTA, FL 34236
941-957-0007**