

PROTOCOL ID: SBT777101-02

SUBJECT ID NUMBER: S02-____ - ____

VISIT NAME: _____

DATE: ____ / ____ / ____

PHYSICIAN'S ASSESSMENT OF LESION COUNTS*To be completed by physician*

Nodules:

Count Nodules Greater than 1 cm in diameter _____ +

Abscesses:

Count Abscesses Greater than 1 cm in diameter _____ +

Draining Tunnels:

Total Count _____ +