

COLONOSCOPY REPORTING FORM

DO NOT PLACE LABEL ABOVE LINE

AFFIX CLIENT LABEL HERE

PRESS FIRMLY TO ENSURE LEGIBILITY FOR MULTIPLE COPIES
FAX TOP COPY TO COLON SCREENING PROGRAM: 1 (604) 297 9340
GREY SECTIONS TO BE COMPLETED AS REQUIRED

EXAM DATE (YYYYMMDD)	START TIME (HRS)	PHN	DATE OF BIRTH (YYYYMMDD)
FACILITY NAME	AMENDED DATE (YYYYMMDD)	PATIENT NAME LAST	PATIENT NAME FIRST
COLONOSCOPIST (MSC)	COLONOSCOPIST LAST, FIRST	PRIMARY PROVIDER (MSC)	PRIMARY PROVIDER LAST, FIRST
		SEX (M/F/X)	

Reason for Colonoscopy (select one): <input type="checkbox"/> FIT <input type="checkbox"/> Family History <input type="checkbox"/> Surveillance <input type="checkbox"/> Deviation	Reason Colonoscopy did not occur (select one): <input type="checkbox"/> No Show for Colonoscopy <input type="checkbox"/> Medically unfit day of procedure
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1. BOWEL PREPARATION

- Excellent Good
- Fair (adequate to visualize all polyps > 5mm)
- Poor (inadequate to visualize all polyps > 5mm)

3. UNPLANNED EVENTS

- None
- Perforation Admit to hospital
- Bleeding Reversal agents
- Cardiovascular Death
- Respiratory Other (specify): _____

2. CECAL INTUBATION (or ileocolonic anastomosis reached)

- Yes → **Photo documentation?** No Yes
- No Uncertain Flexible Sigmoidoscopy

4. SPECIMENS TAKEN: Yes No → **WITHDRAWAL TIME:** _____ (Minutes)

5. COMMENTS TO PATHOLOGIST:

	Specimen Type	Location	Size(mm)				Morphology	Primary Removal Mode	Submucosal Injection (Y/N)	Piecemeal (Y/N)	Complete Removal (Y/N/U)	Complete Retrieval (Y/N/U)	Specimen Sent (Y/N/#)	Time	Initials
			≤5	6-9	10-19	≥20									
Example	P	T		✓			P	HS	Y	Y	Y	Y	Y	14:00	AB
1/A															
2/B															
3/C															
4/D															
5/E															

- 6. Additional specimens recorded on Page 2
 - 7. Repeat Colonoscopy Required
- COMPLETE COLONOSCOPY REPORTING FORM FOR NEXT SCOPE

Specimen Type	Location	Morphology	Removal Mode
B = biopsies P = polypectomy	A = ascending colon C = cecum D = descending I = ileum L = left colon O = other/random R = rectum S = sigmoid T = transverse colon	F = flat M = mass O = other P = pedunculated S = sessile	BF = biopsy forceps CS = cold snare HB = hot biopsy forceps HS = hot snare
Y = yes N = no U = uncertain			

MD NAME: _____	SIGNATURE: _____	RN NAME: _____	SIGNATURE: _____
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SEND COPIES OF PATHOLOGY REPORT TO:

1. BC Cancer Colon Screening Fax#: 1 (604) 297 9340	2. _____ Primary Provider (Name & MSC#)	3. _____ Other (Name & MSC#)	4. _____ Other (Name & MSC#)
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Specimen tracking required by facility? No Yes →

Number of samples sent to collection area:	_____	INITIALS _____	DATE: _____
Number of samples transported to lab:	_____	INITIALS _____	DATE: _____
Number of samples received by lab:	_____	INITIALS _____	DATE: _____

PATHOLOGY COPY | FAX THIS COPY TO 1 (604) 297 9340

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- Yes → Photo documentation? No Yes
 No Uncertain Flexible Sigmoidoscopy

4. SPECIMENS TAKEN: Yes No → WITHDRAWAL TIME: _____ (Minutes)

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COMPLETE COLONOSCOPY REPORTING FORM FOR NEXT SCOPE

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CHART COPY | FILE IN CHART

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Number of samples received by lab: _____	INITIALS _____ DATE: _____

COLONOSCOPIST COPY | FOR YOUR RECORDS

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PLEASE press firmly to ensure that all four copies of this form are legible. FAX the top copy.

Patient Identifiers: A label can be used if legible and affixed in the upper right corner, otherwise complete all required fields.

Partial Form Completion: Medically Unfit / No Show requires partial form completion only (Patient Identifiers & Procedure Specifics)

- **No Show Patients:** Check box, Re-book patient. Complete Colonoscopy Reporting Form for next booking.
- **Medically Unfit Patients:** Select if the patient is medically unfit when they present to colonoscopy. Patient will be discharged from the Colon Screening Program.

1. **Bowel Preparation:** If the preparation is poor, choose #7 "Repeat Procedure" and rebook (< 6months is recommended)
2. **Cecal Intubation:** Photo documentation is the recommended method to record cecal intubation. Flexible sigmoidoscopy can be selected for patients undergoing flexible sigmoidoscopy for follow-up on partial removal of a high risk polyp in the distal colon.
3. **Unplanned Event:** Recorded for quality assurance purposes.
4. **Specimens Taken:** Select one of the "Yes" or "No" check boxes.

NOTE: Withdrawal time is in minutes for each colonoscopy in which NO intervention is performed.

5. **Comments to Pathologist:** Document additional information for the Pathologist.

Specimen Table: (as described by column moving from left to right of the table)

- **Specimen Container:** Uniquely identified as either "1" or "A", etc. and adapts to lab specimen container sequencing based on lab or HA requirements.
 - **Specimen Type:** Requires a single letter from the legend and is either a (B) biopsy or a (P) polypectomy.
- NOTE:** Random biopsies can be placed together in the same specimen container however each polyp must be placed in an individual specimen container. Choose (P) for all polyps even if removed using biopsy forceps.
- **Location:** Requires a 1 letter code entry referenced under "Location" in the legend. Choose "Other" for random biopsies.
 - **Size:** Requires one check mark only in one of the four columns based on size.
 - **Morphology:** Requires a 1 letter code entry referenced under "Morphology" in the legend. Choose "Other" for random biopsies.
 - **Primary Removal Mode:** Requires a 2 letter code entry referenced under "Removal Mode" in the legend.
 - **Submucosal Injection:** Requires a "Y" for Yes, or "N" for No entry as per the legend.
 - **Piecemeal:** Requires a "Y" for Yes, or "N" for No entry as per the legend.
 - **Complete Removal:** Requires a "Y" for Yes, "N" for No or "U" for Uncertain entry as per the legend.
 - **Complete Retrieval:** Requires a "Y" for Yes, "N" for No or "U" for Uncertain entry as per the legend.
 - **Specimen Sent:** Requires a "Y" for Yes, "N" for No as per the legend (*# is the number of pieces and is optional based on lab or HA requirements*).
 - **Time:** *Optional based on individual lab or HA requirements.*
 - **Initials:** *Optional based on individual lab or HA requirements.*

6. **Additional specimens recorded on Page 2:** Check this box if there are more than 5 specimens, then use the Page 2 Form.

7. **Repeat Colonoscopy Required:** Check this box if an additional colonoscopy is required due to, for example, poor bowel prep, cecum not intubated, incomplete removal of polyps. The Colonoscopist should re-book the colonoscopy and complete the Colonoscopy Reporting Form for this subsequent colonoscopy to ensure the patient remains in the Program.

Signature: MD Name requires the Colonoscopist to print and sign their name indicating form accuracy and completion.

Send Copies of Pathology Report To:

1. This copy is for BC Cancer Colon Screening and is required to ensure complete screening records are maintained.
2. List the PCP Name and MSC# to ensure that a copy of the pathology report is sent to the primary care provider
3. & 4. Document the name and MSP/billing number of any other providers that should receive a copy of the pathology report

Chain of Custody Section: *If applicable and required by HA, document the number of samples (specimen containers) sent, transported, and received by the lab, including the initials of the person and the date for each one of these three aspects.*