NHS National Institute for Health Research

		doscopy and e completed at each				
Site						ISRCTN no:4190466
Site:			-	igator:	om I · · ·	/
Patient Trial Number: BS			Date of Birth: dd ⊥mm ⊥yyyy		/	
Date of Endoscopy: Scheduled / un-sched	eduled, list reason(s					
Are the results Histo Definite Consistent with			Date given / posted to patient: If no, please specify why:			
Type of Endoscopy:	(Examples: High Resolut	ion, NDI and Oly	mpus)			
Is the patient current	ly an: Outpatient / Inp	patient (delete one	e)			
If an inpatient, please	e give reason for admis	sion:				
Mucosal break(s) / Oeso Length of circumferential Length including tongues Total number of biopsies Reason for fewer biopsie	Columnar Lining (to nearest s/Island of Columnar Lining taken	0.5 cm) (maximal extent to ne	∟os Angele	cm) M	_] . L _] . L	cm cm
Helicobacter Test:	Not DoneNegativeAwaiting Result(please complete HP up-date form when results known)Positive(please complete HP up-date form when results known)					
Pathology Report Da	te: dd	Report	t / Lab N	lo:		
Was intestinal metaplasia found?		No			Yes	
Was high grade dysplasia present?		No			Yes	
Was low grade Dyspla	No			Yes		
Was indefinite for dysp	No			Yes		
Was oesophageal ade	enocarcinoma present?	No			Yes	
If yes, please give staging information				N	М	

Comments (any other clinically relevant features / information including plans for follow-up care and planned endoscopy)

Endoscopy and Pathology Form



SITE: Hospital Name

INVESTIGATOR: The consultant responsible for randomising (and care of) the patient, must be listed on the BOSS Site Responsibilities Sheet

TRIAL NUMBER:This <u>must</u> be completed and is the unique number that identifies this patient in the
BOSS study.

DATE OF BIRTH: The patient's date of birth must be written in the following format dd/mm/yyyy, e.g. 03/02/1978.

ALL QUESTIONS MUST BE COMPLETED

DATE OF ENDOSCOPY:	The date must be written in the following format dd/mm/yyyy, e.g. 03/02/1978	
HISTOLOGY:	Please indicate whether the results are Histologically – Definite or Consistent with	
QoL QUESTIONNAIRE:	Please indicate whether a QoL Questionnaire was given to or posted to the participar the date and if not the reason why.	
SCHEDULED / UNSCHEDU	LED – any endoscopy that is not within 3 months prior to the planned date or three	

months afterwards is classified as unscheduled.

OESOPHAGUS: Tick No or Yes

- Length of Circumferential Lining specify length in centimetres from the oesophago-gastric junction
- Length of Tongues of columnar lining (maximal extent) specify length in centimetres

NUMBER OF BIOPSIES TA	KEN:	Please state the number of biopsies taken and if this is fewer than the BSG guidelines, indicate the reason why
HELICOBACTER TEST:	Please indicate the result of the most recent Helicobacter test or specify Not D Awaiting Result if applicable	

ENDOSCOPY REPORT

Endoscopy Report Date - The date must be written in the following format dd/mm/yyyy, e.g. 03/02/1978

PATHOLOGY REPORT

 Pathology Report Date 	- The date must be written in the following format dd/mm/yyyy, e.g. 03/02/1978
 Report/Lab Number 	 Please record the unique number that identifies the pathology report

COMMENTS: Record any other clinically relevant information including plan for follow-up care including proposed endoscopy

COMPLETED BY: Print name clearly, sign and provide the date when the form is completed in the correct format (see above).

Please note: Forms must be completed in black ball-point pen Cross out errors with a single stroke, insert the correction and initial & date the change. Correction fluid and /or sticky labels must not be used