



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 **must** 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 participant, the date and if not the reason why.

SCHEDULED / UNSCHEDULED – 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 TAKEN: 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 Done or 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