

Colonoscopy Data Collection Form

***= Required Data Field**

CR = Conditionally Required

Patient Sociodemographic Information

Patient Identifier*:		Medicare Beneficiary Identifier:									
Patient Medical Record Number (MRN):		Patient Social Security Number (SSN):									
Patient Name:	First:	Middle:	Last:								
Patient Address:	Street Address 1:										
	Street Address 2:										
	City:		State:								
Patient Type*:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Patient Birth Date*:	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y				
Patient Zip Code*:	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>						Patient lives in USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient Phone Number:		Patient Email Address:									
Patient Sex at Birth*:	<input type="checkbox"/> Male <input type="checkbox"/> Female										
Patient Height: (inches)	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td></td><td></td> </tr> </table>			Patient Weight: (pounds)	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td></td><td></td><td></td> </tr> </table>						
Patient Race*:	<input type="checkbox"/> American Indian (Native American) or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to provide <input type="checkbox"/> Unknown <input type="checkbox"/> Other										

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Patient Ethnicity*:	<input type="checkbox"/> Hispanic or Latino	
	<input type="checkbox"/> Not Hispanic or Latino	
	<input type="checkbox"/> Patient declined to provide	
	<input type="checkbox"/> Unknown	
Patient Insurance Type:	<input type="checkbox"/> Aetna	<input type="checkbox"/> Medicare Advantage
	<input type="checkbox"/> Blue Cross/Blue Shield	<input type="checkbox"/> Medicare Fee for Service
	<input type="checkbox"/> Cigna	<input type="checkbox"/> Medicaid
	<input type="checkbox"/> Humana	<input type="checkbox"/> Tricare
	<input type="checkbox"/> United Healthcare	<input type="checkbox"/> None
	<input type="checkbox"/> Wellpoint	<input type="checkbox"/> Other (list specific name of plan if not listed above):
	<input type="checkbox"/> Medicare Advantage	_____

Endoscopy Suite Information			
Endoscopy Facility ID*:	<input type="text"/>	Endo Suite Type*:	<input type="checkbox"/> Hospital <input type="checkbox"/> ASC/AEC <input type="checkbox"/> Physician Office
Facility OID:		Endowriter Name and Version:	
Physician ID (NPI)*:	<input type="text"/>	Endo Suite Teaching Status:	<input type="checkbox"/> Teaching Facility <input type="checkbox"/> Non-Teaching Facility
Physician Tax ID Number (TIN):	<input type="text"/>		
Fellow Physician ID (NPI):	<input type="text"/>	Did the Fellow Physician perform the procedure in its entirety? ^{CR}	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Year of Fellowship CR:	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4	Physician Specialty:	<input type="checkbox"/> GI <input type="checkbox"/> IM <input type="checkbox"/> FP <input type="checkbox"/> Surgeon <input type="checkbox"/> Other
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General Quality Indicators									
Procedure Date*:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y		
Procedure Time:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>h</td><td>h</td><td>m</td><td>m</td> </tr> </table>	h	h	m	m				
h	h	m	m						
Endoscopy Procedure*:	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> ERCP <input type="checkbox"/> EGD <input type="checkbox"/> EUS								
Current History & Physical Documented in Medical Record?*	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Is the patient on anti-platelet or anticoagulation therapy, other than the use of aspirin / NSAIDs?*	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Informed Consent Documented in Medical Record?*	<input type="checkbox"/> Yes <input type="checkbox"/> No								
ASA Category*:	<input type="checkbox"/> ASA I <input type="checkbox"/> ASA II <input type="checkbox"/> ASA III <input type="checkbox"/> ASA IV <input type="checkbox"/> ASA V <input type="checkbox"/> ASA-E								
Sedation type:	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Deep <input type="checkbox"/> General								
Sedation administered by ^{CR} :	<input type="checkbox"/> Nurse <input type="checkbox"/> Endoscopist <input type="checkbox"/> Anesthesia professional								
Endoscope used:	Brand: <input type="checkbox"/> Fujinon <input type="checkbox"/> Olympus <input type="checkbox"/> Pentax <input type="checkbox"/> Other: _____								
Was Artificial Intelligence used for polyp detection?	<input type="radio"/> No <input type="radio"/> Yes - GI Genius™ <input type="radio"/> Yes – Other, specify _____								

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Discharge Instructions

Note: If the procedure is for an inpatient, please fill out only the questions on Diet Instructions and Medication Resumption. If the procedure is for an outpatient, please fill out all the instruction questions below.

Written <u>Discharge Instructions</u> provided to patient before discharge?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diet Instructions ^{CR} :	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication Resumption / Orders Given ^{CR} :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Return to Activities ^{CR} :	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Potential Delayed Complications ^{CR} :	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Emergency Contact Number ^{CR} :	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Anticoagulation / Anti-platelet Therapy			
Anticoagulation / Anti-platelet Therapy: Patient given instructions relative to management of therapy (not including aspirin / NSAID therapy)*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Colonoscopy Procedure Quality Indicators

Colonoscopy Type*:	<input type="checkbox"/> Colon Cancer Screening	<input type="checkbox"/> Surveillance	<input type="checkbox"/> Diagnostic
If Screening or Surveillance, Date of previous colonoscopy (if known):	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="d"/>
	<input type="text" value="d"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
	<input type="text" value="y"/>	<input type="text" value="y"/>	<input type="text" value="y"/>
Was the previous colonoscopy greater than or equal to three years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the patient have a documented medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g. last colonoscopy had inadequate prep, piecemeal removal of polyp(s), greater than 10 adenomas, or patient is at high risk for colon cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a documented system reason for an interval less than 3 years since the last colonoscopy (e.g. unable to locate previous colonoscopy report or previous colonoscopy report is incomplete)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bowel Prep Dose:	<input type="checkbox"/> Single	<input type="checkbox"/> Split	
Bowel Prep Quality*: <i>(Bowel Prep is adequate if sufficient to accurately detect polyps >5 mm in size; Inadequate if it is NOT sufficient to accurately detect polyps >5 mm)</i>	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	

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Colonoscopy Indication* - Select at least one (1) reason for performing the colonoscopy

<input type="checkbox"/>	Evaluation of unexplained GI bleeding <i>(Select 1 or more bleeding indications below)</i>
	<input type="checkbox"/> Hematochezia
	<input type="checkbox"/> Melena after an upper GI source has been excluded
	<input type="checkbox"/> Presence of fecal occult blood (+ FIT or FOBT)
<input type="checkbox"/>	Unexplained iron deficiency anemia
<input type="checkbox"/>	Screening for colonic neoplasia
<input type="checkbox"/>	Surveillance due to prior colonic neoplasia
<input type="checkbox"/>	Surveillance due to inflammatory bowel disease (IBD)
<input type="checkbox"/>	Inflammatory bowel disease (IBD) of the intestine if more precise diagnosis or determination of the extent / severity of activity of disease will influence immediate / future management
<input type="checkbox"/>	Clinically significant diarrhea of unexplained origin
<input type="checkbox"/>	Evaluation of abnormal imaging study that is likely to be clinically significant, such as filling defect or stricture
<input type="checkbox"/>	Intraoperative identification of a lesion not apparent/found at surgery (e.g., polypectomy site or bleeding source)
<input type="checkbox"/>	Treatment of bleeding from such lesions as vascular malformation, ulceration, neoplasia, & polypectomy site
<input type="checkbox"/>	Foreign body removal
<input type="checkbox"/>	Excision of colonic polyp
<input type="checkbox"/>	Decompression of an acute nontoxic megacolon or sigmoid volvulus
<input type="checkbox"/>	Balloon dilation of stenotic lesions
<input type="checkbox"/>	Palliative treatment of stenosing or bleeding neoplasms
<input type="checkbox"/>	Marking a neoplasm for localization
<input type="checkbox"/>	Positive Combined FIT-DNA test (e.g., Cologuard)
<input type="checkbox"/>	Positive Septin-9 test
<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Change in bowel habits
<input type="checkbox"/>	Abdominal pain

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<input type="checkbox"/>	Diverticulitis
<input type="checkbox"/>	Weight loss
<input type="checkbox"/>	Other , specify: _____
Cecal Landmarks – Documentation provided in medical record	
Ileocecal Valve Photographed*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendiceal Orifice Photographed*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminal Ileum Photographed*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colorectal Neoplasm Risk Assessment	
Colorectal Neoplasm Risk Assessment for this procedure*:	<input type="checkbox"/> Average Risk <input type="checkbox"/> High Risk <input type="checkbox"/> N/A
If High Risk, select all that apply ^{CR} :	
	Colon or Rectal Adenocarcinoma, specify (c): <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (first-degree relative (FDR) < 60 years old or 2 FDR at any age) <input type="checkbox"/> Both
	History of Colon Adenoma, specify (c): <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (FDR < 60 years old or 2 FDR at any age with advanced adenoma(s)) <input type="checkbox"/> Both
	High Risk Genetic Family Cancer Syndrome (e.g., Familial Adenomatous Polyposis Syndrome, HNPCC/Lynch Syndrome,) (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History <input type="checkbox"/> Both
<input type="checkbox"/>	Advanced Neoplasm (≥ 10 mm, high grade dysplasia, villous component) (c)
<input type="checkbox"/>	3 or More Adenomas (c)
<input type="checkbox"/>	Non Advanced Neoplasm (< 3 adenomas, < 10 mm, no villous component) (c)
	Sessile serrated polyp(s) < 10 mm with no dysplasia (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (FDR < 60 years old or 2 FDR at any age) <input type="checkbox"/> Both
	Sessile serrated polyp ≥ 10 mm OR sessile serrated polyp with dysplasia OR traditional serrated adenoma (c)

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<input type="checkbox"/>	<input type="checkbox"/> Personal History <input type="checkbox"/> Family History (FDR < 60 years old or 2 FDR at any age) <input type="checkbox"/> Both
<input type="checkbox"/>	Serrated polyposis syndrome* (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (FDR < 60 years old or 2 FDR at any age) <input type="checkbox"/> Both *Based on the World Health Organization definition of serrated polyposis syndrome, with one of the following criteria: (1) at least 5 serrated polyps proximal to sigmoid, with 2 or more ≥ 10 mm; (2) any serrated polyps proximal to sigmoid with family history of serrated polyposis syndrome; and (3) > 20 serrated polyps of any size throughout the colon.
<input type="checkbox"/>	Inflammatory Bowel Disease (If selected, choose 1 or more of the following):
<input type="checkbox"/>	≥ 8 years UC-associated pancolitis
<input type="checkbox"/>	≥ 8 years left-sided UC-associated colitis
<input type="checkbox"/>	≥ 8 years Crohn's colitis with at least 1/3 of colon involved
<input type="checkbox"/>	≥ 8 years IBDU (unclassified) with at least 1/3 of colon involved
<input type="checkbox"/>	Primary sclerosing cholangitis
<input type="checkbox"/>	IBD with known dysplasia (If selected, choose 1 or more of the following):
<input type="checkbox"/>	Visible dysplastic lesion removed completely
<input type="checkbox"/>	Visible dysplastic lesion, not removed completely
<input type="checkbox"/>	Invisible dysplastic lesion found on random biopsy

Polyps	
Number of Polyps Removed During Colonoscopy Procedure*:	<input style="width: 150px; height: 25px;" type="text"/>
Number removed is unknown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Polyps Partially Removed During Colonoscopy Procedure*:	<input style="width: 150px; height: 25px;" type="text"/>
Number partially removed is unknown?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Number Polyps Retrieved During Colonoscopy Procedure*:	<input type="text"/>
Number retrieved is unknown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polyp Morphology Described ^{CR} :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Polyp Size Described ^{CR} :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were any polyps removed via piecemeal fashion? ^{CR}	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any polyps removed from the right colon? ^{CR}	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was dye chromoendoscopy used? ^{CR}	<input type="checkbox"/> No <input type="checkbox"/> Yes – Spray <input type="checkbox"/> Yes – Irrigation
If Yes, which type ^{CR} ?	<input type="checkbox"/> Indigo Carmine / FD&C Blue #2 <input type="checkbox"/> Methylene Blue <input type="checkbox"/> Other
Was virtual chromoendoscopy used? ^{CR}	<input type="checkbox"/> No <input type="checkbox"/> Yes- Olympus NBI [®] <input type="checkbox"/> Yes- Pentax iScan <input type="checkbox"/> Yes- Other, specify: _____
IBD Biopsy Protocol ^{CR}	<input type="checkbox"/> Targeted only <input type="checkbox"/> Random only <input type="checkbox"/> Both targeted and random <input type="checkbox"/> Contraindicated <input type="checkbox"/> Not Performed

<p>Procedure Duration</p> <p>Specify the number of <u>minutes</u> required to complete the following: (i.e.: 7.4 min)</p> <p>Please note: Dummy Codes should be used when cecum is not reached: 5555.0 - No Cecum, 6666.0 – Stricture/Mass/Stenosis, 7777.0 - Did not reach Cecum, 8888.0 - Time not documented, 9999.0 – Hemicolectomy)</p>	
Time between insertion and reaching the cecum (in minutes)*:	<input type="text"/>
Withdrawal time from cecum to anus (in minutes)*:	<input type="text"/>

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Pathology			
Pathology Tissue Obtained*?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list device(s) used ^{CR} :	<input type="checkbox"/> Biopsy forceps - cold <input type="checkbox"/> Snare – endoscopic mucosal resection <input type="checkbox"/> Snare – endoscopic submucosal dissection	<input type="checkbox"/> Hot snare polypectomy <input type="checkbox"/> Cold snare polypectomy <input type="checkbox"/> Injection <input type="checkbox"/> Other, specify: _____	
	If pathology tissue is obtained, select all pathology results that apply:		
	<input type="checkbox"/>	Adenomatous polyp (not serrated) (select all that apply)	
	<input type="checkbox"/>	1 or 2 Tubular adenomas < 10 mm	
	<input type="checkbox"/>	3 to 10 Adenomas	
	<input type="checkbox"/>	More than 10 adenomas	
	<input type="checkbox"/>	Advanced neoplasm (≥ 10 mm OR high-grade dysplasia OR villous component)	
	<input type="checkbox"/>	Adenocarcinoma	
	<input type="checkbox"/>	Serrated lesion/polyp/adenoma (select all that apply)	
	<input type="checkbox"/>	Sessile serrated lesion/polyp/adenoma < 10 mm with no dysplasia	
	<input type="checkbox"/>	Sessile serrated lesion/polyp/adenoma ≥ 10 mm OR sessile serrated lesion/polyp/adenoma with dysplasia OR traditional serrated adenoma	
	<input type="checkbox"/>	Hyperplastic polyp	
	<input type="checkbox"/>	At least one hyperplastic polyp ≥ 10 mm	
	<input type="checkbox"/>	Normal colonic mucosa	
<input type="checkbox"/>	Other, specify: _____		
Follow-up Interval – Select follow-up interval for <u>next</u> Colonoscopy*			
<input type="checkbox"/> Referred for polyp/mass removal <input type="checkbox"/> None (No further screening or surveillance colonoscopy recommended)	<input type="checkbox"/> < 3 Months	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 7 Years
	<input type="checkbox"/> 3 to < 6 Months	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 8 Years
	<input type="checkbox"/> 6 to < 9 Months	<input type="checkbox"/> 4 Years	<input type="checkbox"/> 9 Years
	<input type="checkbox"/> 9 to < 12 Months	<input type="checkbox"/> 5 Years	<input type="checkbox"/> 10 Years
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 6 Years	<input type="checkbox"/> Other: _____	

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Adverse Events*

Please specify immediate adverse events(s) occurring the same day, before the patient leaves the endoscopy facility

<input type="checkbox"/>	No Adverse Events
<input type="checkbox"/>	Bowel Perforation
<input type="checkbox"/>	Bleeding (Unplanned Intervention or Hospital Admission)
<input type="checkbox"/>	Emergency Dept visit related to colonoscopy procedure
<input type="checkbox"/>	Hospital Admission related to colonoscopy procedure
<input type="checkbox"/>	Sedation Related (Unplanned Intervention)
<input type="checkbox"/>	Death
<input type="checkbox"/>	Other, specify: _____

Unit Quality Indicators

Procedure End Time to Room Ready

Note: include all procedures done in a dedicated endoscopy procedure room. Examples of excluded procedures are: non-endoscopy OR, ED, patient rooms, ICU, radiology.

<p>Procedure End Time (24-hour clock):</p> <p><i>When all therapeutic and diagnostic interventions are completed (in many, but not all cases, this is when the endoscope is removed from the patient)</i></p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		
<p>Wheels Out Time (24-hour clock):</p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		
<p>Room Ready Time (24-hour clock):</p> <p><i>Room is cleaned and ready to accept another patient</i></p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		