

Questionnaire Assessment Form  
GI Therapeutic Endoscopy - 2002/2003  
**Endoscopic Histopathology**

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Questionnaire No.

<input type="checkbox"/>	M	<input type="checkbox"/>	F
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Age

**Section A – Endoscopic Histopathology**

1. Was a histopathological examination performed on samples taken at the endoscopy?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Undecided	<input type="checkbox"/>	Insufficient information to assess
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2. If Yes, was the histopathology report forwarded?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3. Was clinical information included on the histopathology report?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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- 3a. If Yes, is this clinical information relevant to the clinical problem?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4. Are the sites of the biopsy tissue samples correctly indicated on the pathology report?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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5. Are the samples described macroscopically on the pathology report?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6. Does the histopathology report address/answer the clinical questions posed?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Borderline	<input type="checkbox"/>	Insufficient information to assess
  
7. Does the diagnosis line ('bottom line') contain a clear statement of the site(s) evaluated?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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8. Does the diagnosis line ('bottom line') contain a clear statement of the pathology diagnoses or processes?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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9. Are there any features that might be quoted in the NCEPOD report?
 

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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10. If Yes, please state:

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Initials

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Date