



This report provides valuable information to the National Bowel Cancer Screening Program (the Program) Register about your patient (where they are a Program participant) who has a colonoscopy procedure and, if requested, histopathology services. Your assistance is sought to ensure Program information is complete.



**If you would prefer to complete an electronic version** of this report, go to [www.cancerscreening.gov.au](http://www.cancerscreening.gov.au) (please note System Requirements).



**If you prefer to use a paper version of the report:**

- pads of reports can be ordered by contacting the Program Information Line on 1800 118 868; or
- go to [www.cancerscreening.gov.au](http://www.cancerscreening.gov.au) to print a PDF version – Manual (printer friendly) Form.

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## Instructions for colonoscopists using the hard copy form

- Step 1 Complete Sections 1 to 9a** (please use codes provided when completing Section 9a). Please use a black pen and write in BLOCK LETTERS in the boxes provided.
- Step 2 Provide a copy of pages 1–3 to the Program Register** (see *How to lodge the report* below). **Keep a copy** of each page for your records.
- Step 3** If you are requesting histopathology services, **send page 4 to the histopathologist** with the specimen/s.

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## Instructions for histopathologists

See the reverse of page 4 for instructions.

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## Providing completed reports

If a report is not complete, it cannot be entered into the Program Register. An incomplete report will either be returned or Program staff will contact you to obtain missing information. **Note:** Any clinical reports provided cannot be used because of the inability of Program staff to interpret clinical information.

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## How to lodge the report

A copy of the report can be lodged with the Program Register:

- via free fax to 1800 115 062; or
- post to NBCSP Register, Reply Paid 83245, Canberra BC ACT 2610.

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## Information payment

Information payments will be made to colonoscopists and histopathologists for providing the appropriately completed sections of the report to the Program Register. In order to receive an information payment, you must complete (once only per provider location) a Payment Account Details for Service Provider form.

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## More information

More information about this report can be obtained by contacting the Program Information Line on 1800 118 868.

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## Participant privacy

### NBCSP Participant Privacy

Your patient has been made aware, in accordance with the relevant requirements of the *Privacy Act 1988* (Cth), of your collection and disclosure of their personal information to the National Bowel Cancer Screening Register when joining the Program. If you require any information about the Program's privacy policy, please contact the Program Information Line on 1800 118 868.

### NBCSP Practitioner Privacy

Any personal information you include on this form will be collected and used for the purposes of administering the National Bowel Cancer Screening Program. Your personal information on this form may be disclosed to agencies or organisations involved in the administration of the Program, including the Department of Human Services, the Department of Health, State and Territory Health Departments and the Australian Institute of Health and Welfare.



# Colonoscopy and Histopathology Report

### Instructions for using this report

1. Please use a black pen and write in BLOCK LETTERS in the boxes provided.
2. Once sections 1–9a (the Colonoscopy Report section of this report) is complete, a copy should be submitted to the Program Register. Keep a copy for your records.
3. Send page 4 of the completed report with biopsies for histopathology services.
4. Sections 9b and 10 are to be completed by the histopathologist and then submitted to the Program Register.
5. Mandatory fields are marked with an asterisk (\*).
6. Preferred fields are marked with a plus (+).

\* Please identify the type of report being completed

Colonoscopy

Histopathology

## 1 Patient details

Participant ID number

\* Medicare/DVA number

\* Family name

\* Given name

\* Date of birth

Private patient

Public patient

## 2 Referring general practitioner

Doctor's provider number

Doctor's family name

## 3 Sedation

### Sedation

Anaesthetic class

**Class 1** – No organic, psychological, biochemical or psychiatric disturbance. Pathological process for which an operation is to be performed is localised and does not entail systematic disturbance.

**Class 2** – Mild/moderate systematic disturbance caused either by the condition to be treated surgically or by other pathophysiological processes.

**Class 3** – Severe systematic disturbance or disease from whatever cause, even though it may not be possible to define the degree of disability with finality.

**Class 4** – Severe, systematic disorders that are already life threatening, not always correctable by operation.

### Sedation used

No Sedation

Conscious Sedation – Patient responds to command or light tactile stimulation

Deep Sedation – Patient only responds to repeated tactile stimulation or noxious stimulation

General Anaesthesia – Patient does not respond to noxious stimulation

### Who performed the sedation?

Specialist anaesthetist

Non-specialist anaesthetist

Nurse

Colonoscopist

Patient family name

Patient given name

Date of birth  /  /  Medicare number

**4 Colonoscopy result**

**\* 4.1 Depth of insertion**

Terminal ileum	Caecum	Ascending colon	Hepatic flexure	Transverse colon	Splenic flexure	Descending colon	Sigmoid colon	Rectum
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Visualisation**

Ileocaecal valve  Tripartite caecal folds  Appendiceal orifice  Terminal ileum

**Documentation**

Biopsy  Photo  None

**4.2 Colonoscopy withdrawal time**

\* Withdrawal time from caecal entry  minutes

**5 Plans to perform another procedure**

**Procedure**

Repeat colonoscopy

CT colonography

Double contrast barium enema

Sigmoidoscopy

Please identify the reason(s) why you plan to perform another procedure.

**Reasons**

Bowel preparation was inadequate  Need to review the polypectomy site  Examination was incomplete

Other

**6 Adverse events**

Was there an adverse event during the procedure or prior to discharge? Yes  No

**Adverse outcomes**

Bleeding  Infection/sepsis  Perforation  Reaction to sedation  Death

Other

Delayed discharge? Yes  No  Surgery required? Yes  No

Patient family name

Patient given name

Date of birth  /  /  Medicare number

**7 Colonoscopy provider details**

Facility or Hospital provider number  Hospital patient ID number

\* Name of Facility or Hospital

\* Colonoscopist's provider number   
(Provider number is preferred. If colonoscopist does not have a provider number, colonoscopist's name is mandatory).

Colonoscopist's family name

Provider number for payment (leave blank if same as colonoscopist's provider number)  \* Date of procedure  /  /

+ Contact phone number (mobile or land line including area code) (for questions about this Colonoscopy report)

**8 \* Diagnosis at colonoscopy**

No abnormality detected  **Submit Colonoscopy Report**

**Cancer/Polyps detected** ▶ Cancer  Polyp(s)  1 or more polyp(s) >= 10mm detected?

Total specimens sent for testing

Laboratory name

**Other diagnoses** ▶ Inflammatory bowel disease  Diverticular disease  Haemorrhoids  Angiodysplasia

**9a \* Colonoscopic Lesions –**

Please do not place specimens sent for testing from multiple sites/polyps in one pot. Clearly label all pots with the specimen number and site.

**Complete Section 9a for any cancer/polyps even if a specimen is not sent for testing.**

**Do not complete Section 9a for 'No abnormality detected' or 'Other diagnoses'**

Use the CODES for completing Section 9a

	Site	Appearance
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>

Codes for completing Section 9a	
Site†	Appearance
0 - Not stated or unknown	1 - Pedunculated likely benign
1 - Terminal Ileum	2 - Sessile likely benign
2 - Caecum	3 - Pedunculated possibly malignant
3 - Ascending colon	4 - Sessile possibly malignant
4 - Hepatic flexure	5 - Likely malignant
5 - Transverse colon	
6 - Splenic flexure	
7 - Descending colon	
8 - Sigmoid colon	
9 - Rectum	

† Site is repeated in Pathology Results to cover situations where no colonoscopy report has been provided.

**IMPORTANT – End of Colonoscopy form.**

Provide a copy of pages 1–3 to the Program Register and, if requesting histopathology services, send page 4 to the histopathologist with specimens. 9b and 10 are to be completed by the histopathologist.

**Patient details**

Patient family name

Patient given name

Date of birth  /  /  Medicare number

**IMPORTANT – Start of Histopathology form.**  
**Histopathologists –** See reverse of this page for instructions.

**9b \* Pathology Results**

Where multiple specimens from the same site in the bowel have been placed in one pot, only report on the most serious specimen.

Use the CODES for completing Section 9b

Please use a black pen and write in BLOCK LETTERS in the boxes provided.

	Site	Polyp Type	Severity
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

Codes for completing Section 9b		
Site <sup>†</sup>	Polyp Type <sup>‡</sup>	Severity
0 - Not stated or unknown	0 - No lesion identified	0 - No dysplasia
1 - Terminal Ileum	1 - Hyperplastic polyp	1 - Low grade dysplasia
2 - Caecum	2 - Tubular adenoma	2 - High grade dysplasia/ in-situ
3 - Ascending colon	3 - Tubulovillous adenoma	3 - Suspicious for invasion
4 - Hepatic flexure	4 - Villous adenoma	4 - Invasive carcinoma
5 - Transverse colon	5 - Sessile serrated adenoma	
6 - Splenic flexure	6 - Traditional serrated adenoma	
7 - Descending colon	7 - Adenoma not otherwise classified	
8 - Sigmoid colon	8 - Carcinoma	
9 - Rectum	9 - Other - includes other polyp types (e.g. juvenile) and other pathology (e.g. GIST, inflammatory) etc.	

<sup>†</sup> Site is repeated in Pathology Results to cover situations where no colonoscopy report has been provided.  
<sup>‡</sup> Where 'Other' has been selected there is no need to record a severity code.

**10 Pathologist's details and accession number**

Specimen accession number   \* Specimen collection date  /  /

\* Pathologist's provider number (if known)  Provider number is preferred. If pathologist does not have a provider number, pathologist's name is mandatory.

Pathologist's family name

Pathologist's given name

Laboratory name

Provider number for payment (Colonoscopists who provided the data at 9b can insert their provider number)

<sup>†</sup> Contact phone number (mobile or land line including area code) (for questions about this Histopathology report)

Referring colonoscopist's family name

Referring colonoscopist's given name



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### Instructions for histopathologists completing page 4 of the report

**Step 1** *If you have received a specimen and page 4:*

**Complete Sections 9b and 10.** (Please use codes provided when completing Section 9b)

Mandatory fields are marked with an asterisk (\*).

Preferred fields are marked with a plus (+).

*If you have received a specimen but have **NOT** received page 4:*

**Complete the Patient details section at the top of the page and Sections 9b and 10.**

Mandatory fields are marked with an asterisk (\*).

Preferred fields are marked with a plus (+).

Please use a black pen and write in BLOCK LETTERS in the boxes provided.

**Step 2** **Send a copy of page 4 to the Program Register** (see *How to lodge page 4 of the report* below).

**Keep a copy** for your record

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