Australian Government

COLONOSCOPY and HISTOPATHOLOGY REPORT

NATIONAL BOWELCANCER SCREENING PROGRAM

This Colonoscopy and Histopathology report provides valuable information to the National Cancer Screening Register (Register) about your patient, where they are a National Bowel Cancer Screening Program (Program) participant. Your assistance is sought to ensure Program information is complete.

Instructions for colonoscopists

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 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.

Instructions for histopathologists

See the reverse of page 4 for instructions.

Providing completed reports

If a report is not complete, it cannot be entered into the Register. Should your report be incomplete, Register staff will contact you to obtain missing information.

Note: Only complete the form fields as specified. Please do not supply any internal clinical reports to the Register.

How to lodge the report

The original copy of the report can be lodged with the Register:

via free fax to 1800 115 062; or

post to National Bowel Cancer Screening Program, Reply Paid 90965, SUNSHINE VIC 3020

More information

More information about this report can be obtained by contacting the National Bowel Cancer Screening Program Contact Centre on 1800 118 868 (free call).

Participant Privacy

NBCSP Participant Privacy

In accordance with the relevant requirements of the *Privacy Act 1988 (Cth)*, patients are made aware that healthcare providers may collect and disclose their personal information to the NCSR. You are authorised to collect and disclose your patient's personal information under the *National Cancer Screening Register Act 2016.*

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The NCSR is authorised to collect information under the *Privacy Act 1988 (Cth)* and the *National Cancer Screening Register Act 2016.* The NCSR collects information about you and other healthcare providers from the Department of Human Services and others for the purpose of verifying your identity and communicating with you.

The NCSR also collects information directly from you. Your personal information may be disclosed to a range of agencies or organisations, including State and Territory Health Departments, Australian Government agencies and where you have agreed or where it is authorised or required by law or court or tribunal order.

If you require information on the NCSR's privacy policy, please visit www.ncsr.gov.au

Australian Government

COLONOSCOPY and HISTOPATHOLOGY REPORT

NATIONAL BOWELCANCER SCREENING PROGRAM

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 section of this report) is complete, a copy should be submitted to the 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 Register.
5. Mandatory fields are marked with an asterisk (*).
6. Preferred fields are marked with a plus (+)

1 Patient Details

Participant ID number

*Medicare/DVA number

*Family name

*Given name

*Date of birth (dd/mm/yyyy) / /

Was this a public or private patient? Private patient ☐ Public patient ☐

*Address line 1

Address line 2

*Suburb/Town/City

*State *Postcode

***Gender** Male ☐ Female ☐ Other ☐

Does the patient identify as Aboriginal or Torres Strait Islander origin? (if known)

Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Non Indigenous ☐ Prefer not to answer ☐

What is the patient's country of origin? (if known)

What is the patient's preferred language spoken at home? (if known)

2 Referring General Practitioner

Doctor's Provider number (if known)

Doctor's family name

Doctor's given name

3 Sedation

Anaesthetic class	**Sedation used**
Class 1 - No organic, psychological, biochemical or psychiatric disturbances. Pathological process for which an operation is to be performed is localised and does not entail systematic disturbance. ☐	**No Sedation** ☐
Class 2 - Mild/moderate systematic disturbance caused either by the condition to be treated surgically or by other pathophysiological processes. ☐	**Conscious Sedation** - Patient responds to command or light tactile stimulation. ☐
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. ☐	**Deep Sedation** - Patient only responds to repeated tactile stimulation or noxious stimulation. ☐
Class 4 - Severe, systematic disorders that are already life threatening, not always correctable by operation. ☐	**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(s)

Date of birth (dd/mm/yyyy) / /

*Medicare/DVA number

Participant ID 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 ☐

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 ☐

Reasons

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

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 ☐ ▶ Please specify

Delayed discharge? Yes ☐ No ☐ Surgery required? Yes ☐ No ☐

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Patient family name

Patient given name(s)

Date of birth (dd/mm/yyyy) / /

*Medicare/DVA number

Participant ID number

7 Colonoscopy provider details

*Facility/Hospital Provider number

Hospital patient ID number

*Name of Facility / Hospital

*Consulting Colonoscopist's Medicare provider number

Colonoscopist's family name

Colonoscopist's given name

Medicare Billing Provider number
(if known, and different from the above consulting provider)

*Date of procedure (dd/mm/yyyy) / /

(+) Contact telephone 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		
2		
3		
4		
5		
6		
7		
8		

Codes for completing Section 9a

Site*
0 - Not stated or unknown
1 - Terminal Ileum
2 - Caecum
3 - Ascending colon
4 - Hepatic flexure
5 - Transverse colon
6 - Splenic flexure
7 - Descending colon
8 - Sigmoid colon
9 - Rectum

Appearance
1 - Pedunculated likely benign
2 - Sessile likely benign
3 - Pedunculated possibly malignant
4 - Sessile possibly malignant
5 - Likely malignant

*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(s)

Date of birth (dd/mm/yyyy) / /

*Medicare/DVA number

Participant ID 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			
2			
3			
4			
5			
6			
7			
8			

Codes for completing Section 9b

Site#
0 - Not stated or unknown
1 - Terminal Ileum
2 - Caecum
3 - Ascending colon
4 - Hepatic flexure
5 - Transverse colon
6 - Splenic flexure
7 - Descending colon
8 - Sigmoid colon
9 - Rectum

Polyp Type~
0 - No lesion identified
1 - Hyperplastic polyp
2 - Tubular adenoma
3 - Tubulovillous adenoma
4 - Villous adenoma
5 - Sessile serrated adenoma
6 - Traditional serrated adenoma
7 - Adenoma not otherwise classified
8 - Carcinoma
9 - Other - includes other polyp types (e.g. juvenile) and other pathology (e.g. GIST, inflammatory) etc.

Severity
0 - No dysplasia
1 - Low grade dysplasia
2 - High grade dysplasia/ in-situ
3 - Suspicious for invasion
4 - Invasive carcinoma

Site is repeated in Pathology Results to cover situations where this detail has not been supplied by the specialist.

~ 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 (dd/mm/yyyy) / /

*Approved Pathology Practitioner (APP) number

This is the Medicare provider number of the Pathologist authorising the clinical report.

Pathologist's family name

Pathologist's given name

Laboratory name

*Medicare Billing Provider number
(if known, and different from the above consulting provider)

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

Referring colonoscopist's family name

Referring colonoscopist's given name

End of Histopathlogy form.

See overleaf for details on how to lodge the histopathology report.

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Colonoscopy and Histopathology Report
Page 4 instructions

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Instructions for histopathologists completing page 4 of the report

Please complete all (known) Patient details and 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 (+).

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

Keep a copy for your record

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