

CASE REPORT FORM

WATS^{3D}

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CDx
DIAGNOSTICS

DOCTOR INFORMATION:

- ☐ **Protocol 906:** ☐ **Enrollment** ☐ **Follow-up**
☐ **Protocol 707:** ☐ **Enrollment** ☐ **Follow-up**
☐ **Other** _____

Procedure Date: MM/DD/YYYY

Doctor Name: _____

PATIENT INFORMATION:

Initials: XX **Year of Birth:** YYYY **Gender:** ☐ Male ☐ Female

Medical Record #: _____

Race: (check all that apply)

- ☐ White
☐ Black or African American
☐ Asian
☐ American Indian and Alaska Native
☐ Native Hawaiian and Other Pacific Islander
☐ Other _____

Ethnicity:

- ☐ Hispanic
☐ Non-Hispanic

(Optional)

Measurements:

Current Weight: _____ pounds, Height: _____ feet _____ inches
 BMI= _____

Smoking History: (select one)

- ☐ Current smoker- _____ packs per week for _____ yrs
☐ Former smoker- _____ packs per week for _____ yrs, discontinued _____ yrs ago
☐ Never smoked

Alcohol History:

- ☐ None
☐ Occasional
☐ Moderate
☐ Heavy

CLINICAL INFORMATION:

Please complete and include a copy of Endoscopy Procedure Report

Indication:

- ☐ GERD/Screening for Barrett's Esophagus (BE)
☐ Surveillance of untreated Barrett's Esophagus
☐ Follow-up of previously treated Barrett's Esophagus (Ablation/EMR)
☐ Other _____

Prior Esophageal Pathology: ☐ NONE

Goblet cell metaplasia: ☐ No ☐ Yes: ☐ Barrett's (≥ 1 cm) ☐ less than 1cm

Dysplasia ☐ No ☐ Yes:

Highest Grade of Dysplastic BE: ☐ Indefinite ☐ Crypt ☐ Low-grade ☐ High-grade

Adenocarcinoma ☐ No ☐ Yes

☐ Other relevant pathology: _____

Treatment History: ☐ NONE

☐ Never been ablated

☐ Ablation- Max pretreatment length of Barrett's segment _____ cm

Method- ☐ RFA ☐ Cryo ☐ Other _____, Total # _____

Most recent date(s) MM/DD/YYYY, MM/DD/YYYY

ER/EMR/ESD ☐ No ☐ Yes: Most recent date MM/DD/YYYY Total # _____

Esophageal Surgery ☐ No ☐ Yes: ☐ Fundoplication ☐ Linx

☐ Esophagectomy ☐ Other _____ Date MM/DD/YYYY

Most severe pathologic diagnosis post-treatment _____

Today's Endoscopy (Treatment/Current Findings):

Today's Treatment ☐ None ☐ ER/EMR/ESD ☐ Ablation

Salmon-Colored Mucosa (possible or confirmed BE):

☐ No (regular Z-line)

☐ Yes <1cm (irregular Z-line), _____ islands

☐ Yes ≥ 1 cm C= _____ M= _____; or segment length: _____ cm, _____ islands

Esophagitis ☐ No ☐ Yes: LA classification ☐ A ☐ B ☐ C ☐ D

Hiatal Hernia (HH) ☐ No ☐ Yes: Length of HH _____ cm (estimated size)

Stricture present ☐ No ☐ Yes

Focal abnormality noted/targeted lesions:

On standard endoscopy (white light, NBI): ☐ No ☐ Yes:

☐ Nodule ☐ Mass ☐ Ulcer ☐ Other _____

On advanced imaging only: (VLE, CLE) ☐ No ☐ Yes ☐ N/A

Which procedure was performed first ☐ WATS^{3D} ☐ Forceps

Other _____