

# Sage Scopes Program Procedure Report

Sage Scopes Encounter Number

\_\_\_\_\_

Please complete a separate form for each procedure started for a patient.

**Patient Name:** \_\_\_\_\_ **Chart #:** \_\_\_\_\_  
 (last) (first) (middle initial)

**1. Type of Procedure:**  Colonoscopy  DCBE  Other (specify) \_\_\_\_\_

**2. Indication for Test:**  Screening  Surveillance  Diagnostic

**3. Date procedure performed:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mo) (day) (year)

**4. Name of Attending Physician (print clearly):** \_\_\_\_\_

**5. Was bowel prep considered adequate?**  Yes  No

**6. If procedure was colonoscopy, was colonoscopy completed (cecum reached)?**  
 Yes  
 No *(Please schedule patient to complete screening)*

**7. Was biopsy/polypectomy performed?**  Yes  No

**8. Number of specimens sent to pathology:** \_\_\_\_\_

**9. Were all polyps completely removed?**  Yes  No

**If polypectomy or biopsy performed, please complete MDH pathology form.**

**10. Results of Procedure:**

- |   |  |
|---|--|
| <input type="checkbox"/> Normal/Negative                        | <input type="checkbox"/> Polyp(s)                                    |
| <input type="checkbox"/> Diverticulosis/Hemorrhoids             | <input type="checkbox"/> Nonpolyp lesions suspicious for cancer      |
| <input type="checkbox"/> Other finding not suggestive of cancer | <input type="checkbox"/> Inadequate/Incomplete test with no findings |

**11. Complications of procedure requiring observation or treatment:**

- No complications reported
- Bleeding  Requiring transfusion  
 Not requiring transfusion
- Cardiopulmonary events (hypertension, hypoxia, arrhythmia, etc.)
- Complications related to anesthesia
- Bowel perforation
- Post-polypectomy syndrome/excessive abdominal pain
- Death
- Other \_\_\_\_\_

**12. Is screening/diagnosis complete?**  Yes  No

**If no, what procedure was ordered to complete screening/diagnosis?**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Shortened Screening interval |
| <input type="checkbox"/> DCBE        | <input type="checkbox"/> Surgery               | <input type="checkbox"/> None                         |

**13. If procedure is complete and NO pathology required, when is the next recommended follow-up:**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Next <b>screening</b> test in _____ years    | ⇒ | <b>Recommended test</b>              |
| _____ months  |   | <input type="checkbox"/> Colonoscopy |
| <input type="checkbox"/> Next <b>surveillance</b> test in _____ years |   | <input type="checkbox"/> Other _____ |
| _____ months  |   |                                      |



**Sage Scopes Program**  
**Pathology Results from Colon Cancer Screening**

<b>Patient Name:</b> _____ (last) (first) (middle initial)	<b>Chart #:</b> _____
<b>Laboratory:</b> _____	
<b>Date Sample Received:</b> _____ (mo) _____ (day) _____ (year)	
<b>Date Sample Tested:</b> _____ (mo) _____ (day) _____ (year)	

**1. Histology of most severe polyp/lesion**

- 1 Normal or other non-polyp histology (skip to question 5)
- 2 Non-adenomatous polyp (inflammatory, hamartomatous, etc.) (skip to question 5)
- 3 Hyperplastic polyp
- 4 Adenoma, NOS (no high grade dysplasia noted)
- 5 Adenoma, tubular (no high grade dysplasia noted)
- 6 Adenoma, mixed tubular villous (no high grade dysplasia noted)
- 7 Adenoma, villous (no high-grade dysplasia noted)
- 8 Adenoma, serrated (no high-grade dysplasia noted)
- 9 Adenoma with high grade dysplasia (includes in situ carcinoma)
- 10 Adenocarcinoma, invasive
- 11 Cancer, other
- 12 Unknown/other lesions ablated, not retrieved or confirmed (skip to question 5)

**If 9,10, or 11 is selected, please complete Sage Scopes Abnormal Follow-up Report**

**2. Number of adenomatous polyps:** \_\_\_\_\_ or  
 At least one adenomatous polyp/lesion, exact number not known

**3. Size of largest adenoma:** \_\_\_\_\_ mm (specify)

**4. If cancer, is this a:**

- 1 New Colorectal Cancer primary
- 2 Recurrent Colorectal Cancer
- 3 Non-Colorectal Cancer primary (metastasis from another organ)

**5. Recommended follow-up:** (check one category)

<p><b>A. Screening/Diagnosis <u>complete.</u></b></p> <p><input type="checkbox"/> 1 Next <b>screening</b> test in _____ years _____ months     ⇒</p> <p><input type="checkbox"/> 2 Next <b>surveillance</b> test in _____ years _____ months</p>	<p><b>Recommended test</b></p> <p><input type="checkbox"/> 1 Colonoscopy <input type="checkbox"/> 2 Other _____</p> <p>(Skip to question 6)</p>
<p><b>B. Screening/Diagnosis <u>incomplete.</u></b></p> <p><input type="checkbox"/> 1 Additional diagnostic test needed: _____ ⇒</p>	<p><b>Recommended test</b></p> <p><input type="checkbox"/> 1 Colonoscopy <input type="checkbox"/> 2 Surgery to complete diagnosis <input type="checkbox"/> 3 Other _____</p>

**6. Date Report Completed:** \_\_\_\_\_ (mo) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

**Please attach complete pathology report and dictation.**

Please complete and return to:  
Minnesota Department of Health  
Sage Scopes Program  
P.O. Box 64882, St. Paul, MN 55164-0882