WIHS MEDICAL RECORD ABSTRACTION FORM
ENDOSCOPY/BRONCHOSCOPY

FORM CA3
FORM VERSION 04/15/96

RECORD NUMBER: |__|__|__|__|__|__|

WIHS ID NUMBER: |__| - |__|__| - |__|__|__|__| -|__|

SEQUENCE

FORM # ____ OF _____

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

____ ____/____ ____/____ ____
M D Y

ABSTRACTOR'S INITIALS:

|____|____|____|

A1. Date of abstraction ____ ____/____ ____/____ ____
M D Y

A2. a. Event Code: |___| |___| |___| b. Event Code: |___| |___| |___|

A3. Are the endoscopy/bronchoscopy results available?

Yes 1
No.....2 **(END)**

B. ENDOSCOPY/BRONCHOSCOPY

B1. Procedure performed:

Endoscopy.....1
Bronchoscopy.....2
Colonoscopy.....3
Sigmoidoscopy.....4
Other 5
i. **(Specify)** _____

B2. Date performed ____ ____/____ ____/____ ____
M D Y

B3. Findings/Impressions:

a. _____
_____
_____
_____
_____
_____

B4. Were specimens sent for laboratory evaluation?

Yes .....1 (Complete the relevant Form **CA4** or Form **CA5**)
No.....2