

**WIHS MEDICAL RECORD ABSTRACTION FORM
CMV-GI TRACT**

**FORM M1
FORM VERSION 04/15/96**

RECORD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

WIHS ID NUMBER:

		-			-					-											
--	--	---	--	--	---	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

SEQUENCE

FORM # _____ OF _____

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

____ / ____ / ____
M D Y

ABTRACTOR'S INITIALS:

--	--	--	--	--	--

A1. Date of abstraction

____ / ____ / ____
M D Y

SECTION B: CLINICAL PRESENTATION

(Symptoms within 4 weeks of procedures/lab)

B1. Documented history of:

	<u>YES</u>	<u>NO</u>
a.) None recorded.....	1 (END)	2
b.) Odynophagia and/or dysphagia.....	1	2
c.) Abdominal pain.....	1	2
d.) Diarrhea (> or = 3 stools daily).....	1	2
e.) Rectal pain and/or tenesmus, mucous, and blood.....	1	2

SECTION C: PROCEDURES/LABS

C1. Endoscopy/colonoscopy/sigmoidoscopy performed:

Yes1 (C2 & Complete Form CA3)
No.....2

C2. Tissue biopsy sent:

Yes1 (C3 & Complete Form CA4)
No.....2 (C4)

C3. CMV identified as the only pathogen in tissue culture:

Yes, CMV only1 (END)
No, CMV not found OR CMV and other pathogens
are also present.....2
Not Done3

C4. Symptoms persist following appropriate treatment for other pathogens.

Yes1
No.....2