Reflux TRF-1 Version 4

The capsule sponge test to look for signs of Barrett's oesophagus in people with **chronic reflux**

Patient details

If you have a patient sticker, you can stick it over this box.

Name

Surname

NHS/CHI number

Hospital/other ref. Optional

Date of birth D M Y

Sex ◯ Male ◯ Female ◯ Other
Biological sex at birth

Cell preservation kit ID

Affix sticker

Cell collection device ID

Affix sticker

Date of procedure

D M Y

Clinical information

Is there an eosinophilic oesophagitis (EoE) diagnosis?

◯ Yes ◯ No ◯ Don't know

Procedure notes

Record failed attempt details in the section below.

Do you think the capsule reached the patient's stomach? ◯ Yes ◯ No

Is there blood on the sponge? ◯ Yes ⓘ ◯ No

ⓘ If Yes, check guidance and consider urgent endoscopy.

Clinic details

Requesting clinician

The healthcare professional responsible for actioning the result.

Person performing the procedure

Name

Surname

Clinic/practice/hospital name and location

Postcode

Project or research study (if applicable)

Failed attempt (if any)

Affix cell collection device ID sticker for failed attempt, if any

Reasons for failure

- ☐ String was lax, no tension felt during withdrawal
- ☐ Sponge did not expand
- ☐ Black thread marker outside mouth ☐ Failed swallow
- ☐ Other

Sending this form and sample to Cyted confirms that the patient has consented for their sample to be collected for laboratory analysis.

For lab use only

Receipt date

Pathologist

Macro ☐ No descriptive features ☐ Debris/food matter

CytedHealth www.cytedhealth.com cyted.service@nhs.net +44 (0)1223 737800
Cyted Ltd., Ground Floor, Building 3, Old Swiss, 149 Cherry Hinton Road, Cambridge CB1 7BX, UK.
Registered in England & Wales. Company #11478299.

Lab address: 2 Falcon Road, Hinchingbrooke Business Park, Huntingdon, PE29 6FG, UK.