Barrett's surveillance TRF-2 Version 3

The capsule sponge test to review patients with **Barrett's oesophagus** for signs of cancer

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

Barrett's history

Last diagnostic endoscopy M Y

Prague Classification C cm M cm

Additional information:
◯ <1cm / irregular Z line ◯ One or more islands

Has the patient ever had dysplasia?
◯ Yes ◯ No ◯ Don't know

If Yes, what was the dysplasia grade?
◯ Low ◯ High ◯ Indefinite ◯ Don't know

Is there an eosinophilic oesophagitis (EoE) diagnosis?
◯ Yes ◯ No ◯ Don't know

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)

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.

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

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