BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Upper GI Endoscopy — Guided

Date: _____

Patient _____ **Identifier** _____

Procedure context

Indication: _____

Endoscopist and team: _____

Examination date and time: _____

Endoscope used: _____

Consent and safety checks: _____

Fasting status: _____

Antithrombotic medication and management: _____

Premedication, sedation and doses: _____

Quality and extent

Extent reached: _____

Mucosal visibility / cleanliness and score used: _____

Limitations / reasons for incomplete examination: _____

Examination duration: _____ min

Landmarks and abnormalities photographed: _____

Oesophagus

Findings: _____

Oesophagitis present?: _____

Los Angeles grade / description: _____

Suspected or known Barrett's?: _____

Landmarks, Prague C/M, islands and biopsy protocol: _____

Hiatal hernia present?: _____

Junction, diaphragmatic pinch and hernia size: _____

Other lesions: site, size and description: _____

BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Stomach

Findings by region: _____

Gastric ulcer present?: _____

Ulcer site, size, appearance and bleeding stigmata / Forrest class where applicable: _____

Atrophy / metaplasia assessment performed?: _____

Assessment method, distribution and biopsy mapping: _____

Duodenum

Bulb and distal findings: _____

Duodenal ulcer present?: _____

Site, size, appearance and bleeding stigmata / Forrest class where applicable: _____

Sampling and therapy

Samples taken?: _____

Each specimen: site, indication and container identifier; protocol used: _____

Therapy performed?: _____

Method, site, devices and immediate result: _____

Conclusion and follow-up

Adverse events and tolerance: _____

Conclusion / impression: _____

Plan, pathology follow-up and communication: _____

Clinician: _____ **Signature: _____**

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