

Comments:

- Affix label here-  
Clinical Center/ID: \_\_\_\_\_  
First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Last Name \_\_\_\_\_

- 1. Contact Date: \_\_\_\_\_ (M/D/Y)
- 2. Staff Person: \_\_\_\_\_
- 3. Contact Type:
  - <sub>1</sub> Phone    <sub>3</sub> Visit
  - <sub>2</sub> Mail      <sub>8</sub> Other
- 4. Visit Type:
  - <sub>1</sub> Screening      # \_\_\_\_\_
  - <sub>2</sub> Semi-Annual    # \_\_\_\_\_
  - <sub>3</sub> Annual            # \_\_\_\_\_
  - <sub>4</sub> Non-Routine

- 10. Date endometrial aspiration report reviewed: \_\_\_\_\_ (M/D/Y)
- 11. Report reviewed by: \_\_\_\_\_
- 12. Summary of endometrial aspiration report: *(Mark the greatest degree of severity found; if 5-10, refer to Clinic Practitioner.)*
  - <sub>0</sub> No endometrial tissue identified
  - <sub>1</sub> Insufficient specimen
  - <sub>2</sub> Normal atrophic endometrium
  - <sub>3</sub> Normal secretory endometrium
  - <sub>4</sub> Normal proliferative endometrium
  - <sub>5</sub> Cystic (simple) hyperplasia present
  - <sub>6</sub> Cystic (simple) hyperplasia with atypia
  - <sub>7</sub> Adenomatous (complex) hyperplasia present
  - <sub>8</sub> Adenomatous (complex) hyperplasia with atypia
  - <sub>9</sub> Atypia present
  - <sub>10</sub> Cancer present
  - <sub>11</sub> Other (\_\_\_\_\_)

**Endometrial Aspiration**

- 5. Date of endometrial aspiration: \_\_\_\_\_ (M/D/Y)
- 6. Was entry possible?
  - <sub>1</sub> Yes
  - <sub>2</sub> No, entry into the uterus was not possible  

Schedule an ultrasound
  - <sub>3</sub> No, participant refused
  - <sub>5</sub> No, D&C results obtained
  - <sub>4</sub> No, other \_\_\_\_\_
- 7. Depth of uterus: \_\_\_\_\_ cm
- 8. Was significant endometrial cavity fluid found?
  - <sub>0</sub> No
  - <sub>1</sub> Yes
- 9. Endometrial Aspiration Report results from *(Mark one):*
  - <sub>1</sub> Local lab (for aspiration performed at CC)
  - <sub>3</sub> Participant's personal M.D. ↘

- 13. Was a referral made for follow-up care?
    - <sub>0</sub> No
    - <sub>1</sub> Yes ↘
- 13.1. Referred by: \_\_\_\_\_
  - 13.2. Date of referral: \_\_\_\_\_ (M/D/Y)
  - 13.3. Referred to:
    - MD/Clinic: \_\_\_\_\_
    - Address: \_\_\_\_\_
    - Phone: \_\_\_\_\_
  - 13.4. Follow-up results:
    - <sub>0</sub> Normal
    - <sub>1</sub> Hyperplasia
    - <sub>2</sub> Cancer

M.D. Name: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Central Lab Review

14. Endometrial Aspiration Slide Number

Slide Number

[Empty box for slide number]

15. Date Central Lab endometrial aspiration report reviewed:

\_\_\_\_-\_\_\_\_-\_\_\_\_ (M/D/Y)

16. Central Lab report reviewed by:

\_\_\_\_

17. Summary of Central Lab endometrial aspiration report: (Mark the greatest degree of severity found; if 5-10, refer to Clinic Practitioner.)

- \_0 No endometrial tissue identified
- \_1 Insufficient specimen
- \_2 Normal atrophic endometrium
- \_3 Normal secretory endometrium
- \_4 Normal proliferative endometrium
- \_5 Cystic (simple) hyperplasia present
- \_6 Cystic (simple) hyperplasia with atypia
- \_7 Adenomatous (complex) hyperplasia present
- \_8 Adenomatous (complex) hyperplasia with atypia
- \_9 Atypia present
- \_10 Cancer present
- \_11 Other (\_\_\_\_\_)