

Comments: 	- Affix label here- Clinical Center/ID: _____ First Name _____ M.I. _____ Last Name _____
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1. Contact Date: _____ (M/D/Y)
2. Staff Person: _____
3. Contact Type:
₁ Phone ₃ Visit
₂ Mail ₈ Other
4. Visit Type:
₁ Screening # _____
₂ Semi-Annual # _____
₃ Annual # _____
₄ Non-Routine

Endometrial Aspiration

5. Date of endometrial aspiration:
_____ (M/D/Y)
6. Was entry possible?
₁ Yes
₂ No, entry into the uterus was not possible
 ↳ Schedule an ultrasound
₃ No, participant refused
₅ No, D&C results obtained
₄ No, other _____
7. Depth of uterus: _____ cm
8. Was significant endometrial cavity fluid found?
₀ No
₁ Yes
9. Endometrial Aspiration Report results from
(Mark one):
₁ Local lab (for aspiration performed at CC)
₃ Participant's personal M.D. ↘

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

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.)*
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 (_____)
13. Was a referral made for follow-up care?
₀ No
₁ 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: <input type="checkbox"/> ₀ Normal <input type="checkbox"/> ₁ Hyperplasia <input type="checkbox"/> ₂ Cancer

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 (_____)