

## Chromoendoscopy Central Review Form

**Part I. To be completed by study coordinator at participating organization and submitted with the DVD/CD/Video/Photo recording of the chromoendoscopy.**

Subject ID# : \_\_\_\_\_ Institution Code: \_\_\_\_\_

Patient's Institutional ID#: \_\_\_\_\_

Participating Site (Endoscopist) \_\_\_\_\_

Date of chromoendoscopy exam \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mm/dd/yyyy)

Format of recording (circle response): DVD VHS Beta Still photo  
Other (specify): \_\_\_\_\_

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**Part II. To be completed by the Lead Site Central Reviewer.**

Images submitted (circle single best response for each):

Adequate for review? YES NO

≥ 5 aggregated crypts for each ACF\* YES NO

Crypt diameter > 1.5 times the diameter or surrounding normal crypts for each ACF YES NO

\*by definition, must be ≥ 5 aggregated crypts in a single grouping (maximum spacing between crypts must be no more than 2 times the average crypt diameter)

**Forward this form along with DVD/CD/Video/Photos to the Lead Site Principal Investigator (PI).**

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**Part III. To be completed by the Lead Site Principal Investigator (PI).**

PI Comments (if any): \_\_\_\_\_

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PI Signature: \_\_\_\_\_  
Name (date)

**Please fax (or email a pdf version) of this form to:**

CPN QCS  
Paula Stellmaker  
Fax: 507-284-1902  
Email: stellmaker.paula@mayo.edu

**Return original form and DVD/CD/Video/Photos to Lead Study Coordinator.**