HOSPITAL _____

ENDOSCOPIC SPECIMEN SUBMISSION FOR HISTOLOGIC ASSESSMENT
FOR CHRONIC IDIOPATHIC INFLAMMATORY BOWEL DISEASE (IBD) & OTHER COLITIDES

CLINICAL INFORMATION (to be filled up by clinician/endoscopist)

NAME:				
MRN/ID:			DATE:	
Please /fill up all relevant clinical/endoscopic information concerning this patient.				
1	Known case of IBD?	☐ No	☐ Yes; specify duration:	
2	Current clinical episode	☐ Asymptomatic/surveillance	☐ Symptomatic	
	2.1 Main symptoms ☐ Diarrhoea (please detail out) : ☐ Per-rectal bleed ☐ Abdominal pain ☐ Perianal discharge ☐ Mucus and/or blood in stool ☐ Anaemia ☐ Weight loss ☐ Others (specify)			
	2.2 Duration ☐ ..... Days ☐ .....Weeks ☐ ..... Months ☐ .....Years			
3	Endoscopic Findings			
	3.1 Procedure-type: ☐ Colonoscopy (state extent of intubation): ☐ Sigmoidoscopy			
	3.2 Luminal/mucosal features: ☐ Normal ☐ Abnormal (give details below) Appearance of abnormal mucosa: ☐ Ulceration ☐ Erosion ☐ Inflammation ☐ Loss of vascular pattern ☐ Pseudopolyps ☐ Diverticuli ☐ Others (please describe) Distribution: ☐ Continuous ☐ Distal colitis ☐ Pancolitis ☐ Discontinuous/Skip ☐ Focal/Patchy ☐ Segmental			
	3.3 Sites involved: ☐ Terminal ileum ☐ Ileocaecal valve/junction ☐ Caecum ☐ Ascending colon ☐ Hepatic flexure ☐ Transverse colon ☐ Splenic flexure ☐ Descending colon ☐ Sigmoid ☐ Rectosigmoid ☐ Rectum			

	3.4 Suspicious for dysplasia &/or neoplasia: ☐ No ☐ Yes (describe appearance and specify site):
	3.5 Other comments
	3.6 Biopsied site(s) Gentle reminder: A minimum of two biopsies from terminal ileum and at least five sites along the colon, including the rectum, should be sampled for optimal assessment. ☐ Terminal ileum ☐ ICV/junction ☐ Caecum ☐ Ascending colon ☐ Hepatic flexure ☐ Transverse colon ☐ Splenic flexure ☐ Descending colon ☐ Sigmoid ☐ Rectosigmoid ☐ Rectum ☐ ……
	3.7 Other procedures performed: ☐ No ☐ Yes (please describe findings) ☐ OGDS ☐ Small bowel enteroscopy
4	Other relevant clinical history (drugs/treatment [e.g. MMF, immune checkpoint inhibitors, bowel surgery]; family hx of TB, immune deficiency and malabsorption in paediatric patients, etc.)
5	Relevant laboratory tests results (e.g. Stool culture; C.diff toxin, CRP, faecal calprotectin)
6	Radiological findings if available
7	Clinical impression/differential diagnoses ☐ Suspected IBD ☐ Possible UC ☐ Possible CD ☐ Uncertain ☐ Known IBD (☐ UC or ☐ CD or ☐ IBDU) ☐ Surveillance ☐ Disease flare ☐ Other (specify): ☐ Acute/infective-type colitis ☐ Other(s); please specify
8	Endoscopist (signature, stamp and date required)