

1. *Facility ID Number		2. *Registry Case Number			
3. Polyp Description List 5 largest polyps \geq 10 mm					
Polyp	1	2	3	4	5
Polyp Size	(mm)	(mm)	(mm)	(mm)	(mm)
Location	<input type="radio"/> Rectum <input type="radio"/> Sigmoid <input type="radio"/> Descending <input type="radio"/> Transverse <input type="radio"/> Ascending <input type="radio"/> Cecum	<input type="radio"/> Rectum <input type="radio"/> Sigmoid <input type="radio"/> Descending <input type="radio"/> Transverse <input type="radio"/> Ascending <input type="radio"/> Cecum	<input type="radio"/> Rectum <input type="radio"/> Sigmoid <input type="radio"/> Descending <input type="radio"/> Transverse <input type="radio"/> Ascending <input type="radio"/> Cecum	<input type="radio"/> Rectum <input type="radio"/> Sigmoid <input type="radio"/> Descending <input type="radio"/> Transverse <input type="radio"/> Ascending <input type="radio"/> Cecum	<input type="radio"/> Rectum <input type="radio"/> Sigmoid <input type="radio"/> Descending <input type="radio"/> Transverse <input type="radio"/> Ascending <input type="radio"/> Cecum
Morphology	<input type="radio"/> Sessile Polyp <input type="radio"/> Pedunculated Polyp <input type="radio"/> Flat Lesion <input type="radio"/> Probable Cancer	<input type="radio"/> Sessile Polyp <input type="radio"/> Pedunculated Polyp <input type="radio"/> Flat Lesion <input type="radio"/> Probable Cancer	<input type="radio"/> Sessile Polyp <input type="radio"/> Pedunculated Polyp <input type="radio"/> Flat Lesion <input type="radio"/> Probable Cancer	<input type="radio"/> Sessile Polyp <input type="radio"/> Pedunculated Polyp <input type="radio"/> Flat Lesion <input type="radio"/> Probable Cancer	<input type="radio"/> Sessile Polyp <input type="radio"/> Pedunculated Polyp <input type="radio"/> Flat Lesion <input type="radio"/> Probable Cancer
4. Follow-up		<input type="radio"/> Patient lost to follow-up			
Date of Reference Exam or Confirming Surgery		____/____/____ (mm/dd/yyyy)			
Polyp	1	2	3	4	5
Did colonoscopy reach level of lesion?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable – Surgery performed	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable – Surgery performed	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable – Surgery performed	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable – Surgery performed	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable – Surgery performed
Was polyp confirmed? (See Note 3)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
5. Name of Person Who Completed This Paper Form					
*First Name					
*Last Name					

Note: 1. Asterisked (*) fields indicate required data elements.
 2. For each polyp, the Location and Morphology are required if the Polyp Size is specified.
 3. The polyp is considered confirmed if the colonoscopy determines the location to be in the same segment or in an adjacent segment, and the size to be within \pm 50%.