

<p>COMMENTS</p>	<p align="center">-Affix label here-</p> <p>Member ID: ____ - ____ - ____ - ____</p>
<p><i>To be completed by Physician Adjudicator:</i></p> <p>Date Completed: <u> </u>-<u> </u>-<u> </u> (M/D/Y)</p> <p>Adjudicator Code: <u> </u>-<u> </u></p>	<p>Central Case No.: <u> </u></p> <p>Case Copy No.: <u> </u></p>

Complete this form only if the participant is in the Hormone Trial (HT) component.

1. Hysterectomy (HT only)

1.1. Date of hysterectomy: - - (M/D/Y)

2. Type of hysterectomy: (Mark the one category that applies best.)

₁ Abdominal

₂ Vaginal

3. Associated surgery: (Mark the one category that applies best.)

₀ None

₁ Partial oophorectomy

₂ One ovary removed

₃ Bilateral oophorectomy

4. Reason for hysterectomy: (Mark the one category that applies best.)

₁ Cancer

₂ Atypical hyperplasia

₃ Bleeding

₄ Fibroids (myomas)

₅ Endometriosis

₆ Descensus (prolapse)

₈ Other (**Specify**): _____

Responsible Adjudicator Signature