
FORM:	82 - ENDOMETRIAL ASPIRATION
Version:	2 – July 8, 1994
Description:	Completed by Clinic Gynecologist or Practitioner; 1-page form; key-entered at Clinical Center (CC).
When used:	For Hormone Replacement Therapy (HRT) participants during screening (usually at Screening Visit 2 [SV2]), annual visits, or non-routine visits to assess possible problems.
Purpose:	To record findings of endometrial aspiration, the resulting pathology reports, and any resulting referral. Can also be used to record results of D and C.

GENERAL INSTRUCTIONS

1. Include a form in the screening and appropriate HRT annual visit participant packet.
2. Affix a participant barcode label to the form.
3. Complete Questions 1 - 6.
4. If unable to enter the uterus, key-enter questions 1-6, make a referral for a transvaginal uterine ultrasound, and initiate a *Form 83 - Transvaginal Uterine Ultrasound*.
5. Process and key-enter the form in a manner that best fits the flow of your CC. Options include:
 - Key-enter the *entire* form *after* receiving the biopsy results from the lab. To do this:
 - Complete Questions 1 - 9 after the aspiration and store the form in the participant's file or in a central holding area with other "waiting for result" specimen forms.
 - When you receive the report, complete Items 10 - 13, make any necessary referrals, attach the lab results to the form, and send it to Data Entry for key-entry.
 - Key-enter the aspiration exam results portion of the form after completing the exam, and key-enter the remainder of the form after the biopsy results are received from the lab. To do this:
 - Complete Items 1 - 9 and send the form to Data Entry for key-entry. Store the form in the participant's file or a central holding area to await the biopsy results from the lab.
 - When you receive the report, complete the remainder of the form. Attach the report to the form, and send the form to Data Entry for key-entry of the remainder of the form.
6. Data Entry: Regardless of which processing option is chosen, review form for completeness and return to responsible medical personnel with any problems or questions. Key-enter after you resolve any questions.

Initial when you complete the key-entry. If you key-enter the form before the biopsy results are completed, initial the form key-entered twice, once when you key-enter the aspiration results and again when you key-enter the biopsy results.
7. After key-entry, file both the form and results in the participant's file.

Item Instructions

1	Contact date	Date of endometrial aspiration if performed at CC, otherwise use the date the form is initiated.
2	Staff person	Standard 3-digit WHI employee ID of person who performed endometrial aspiration if done at CC, or who completed the form if aspiration was done elsewhere. (See common data items.)
3	Contact type	Mark appropriate oval or box.
4	Visit type	Contact at which endometrial aspiration is conducted, if done at CC. Otherwise use the visit at which the form is initiated.
5	Date of aspiration	Date of endometrial aspiration. Use date aspiration was done at CC or by outside provider.
6	Entry possible	Entry into uterus. Mark appropriate oval or box. If "2 - No, entry into uterus was not possible," schedule an ultrasound and initiate <i>Form 83 – Transvaginal Uterine Ultrasound</i> . Data Entry: Do not key-enter text for "4 - No, other."
7	Depth of uterus	Record as standard centimeter measurement to the nearest one-tenth of a centimeter.
8	Endometrial fluid	No/Yes. See <i>Vol. 2 - Procedures, Section 5 - HRT</i> for description.
9	Endometrial aspiration report results	Source of endometrial aspiration report: Local lab or participant's personal MD. If participant's personal MD, write in name of MD, clinic name, address, city, state, and phone number. Data Entry: Do not key-enter name, address, or phone number.
10	Date report reviewed	Date report reviewed by CC employee.
11	Report reviewed by	Standard 3-digit WHI employee ID of person who reviewed the report and completed Items 12 - 13.
12	Summary	Mark appropriate oval or box for the greatest degree of severity found. If oval or boxes 5 - 11 are marked, refer to Clinic Practitioner (CP) for follow-up. If insufficient material was obtained for pathologic diagnosis, mark "1 - Insufficient Material." Data Entry: Do not key-enter specify text for "11 - Other."
13	Referral for follow-up care	No/Yes. Referral is based on endometrial aspiration results.
13.1	Referred by	Standard 3-digit WHI employee ID. (See common data items.) Name written on line. Data Entry: Name not key-entered.

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- 13.2 Date of referral Date of referral.
- 13.3 Referred to Name, address, and phone number of person to whom participant was referred.
Data Entry: Do not key-enter name and address.
- 13.4 Follow-up results Normal/Hyperplasia/Cancer. Results of follow-up studies (e.g., D&C, repeat biopsy). Mark appropriate oval or box indicating final pathology diagnosis. When used for eligibility, a subsequent Form 82 needs to be completed indicating a normal result.
- 14-17 Do not complete these items. The Central Pathologists at NIH no longer read the EA slides