
FORM:	83 - TRANSVAGINAL UTERINE ULTRASOUND
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, annual visits, or non-routine visits to evaluate abnormal bleeding.
Purpose:	To record results of ultrasound evaluation of endometrium (when endometrial aspiration was not obtainable) and any resulting referrals.

GENERAL INSTRUCTIONS

1. Affix a participant barcode label to the form.
2. Complete Questions 1 - 4 on the form.
3. Process and key-enter the form in the manner that best fits the flow of your CC. Options include:
 - Key-enter Items 1 - 4 to initiate the form and key-enter the remainder of the form after the ultrasound report is received. To do this:
 - Complete Items 1 - 4 and send the form to Data Entry. Refer the participant for ultrasonography, and store the form in the participant's file or in a central holding area to await the report.
 - When you receive the report, complete the remainder of the form. Attach the report to the form, and send it to Data Entry for key-entry of the remainder of the form.
 - Key-enter the *entire* form after receiving the ultrasound results. To do this:
 - Complete Items 1 - 4 after the referral and store the form in the participant's file or in a central holding area with other "waiting for results" forms.
 - When you receive the report, complete the remainder of the form. Attach the report to the form and send it to Data Entry for key-entry.
6. Data Entry: Regardless of which processing option is chosen, review form for completeness and return to responsible clinical 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 report is returned, initial the form key-entered twice, once when you key-enter the encounter and again when you key-enter the ultrasound results.
7. After key-entry, file both the form and results in the participant's file.

Item Instructions

1. Contact date Date form is initiated. Use a standard 2-digit form: month, day, and year order.
2. Requested by Standard 3-digit WHI employee ID.
3. Contact type Mark appropriate oval or box. (See common data items.)
4. Visit type Contact for which the form is initiated. Provide visit number as appropriate. (See common data items.)
5. Date of transvaginal uterine ultrasound (TUU) Date the TUU was performed. Record the date of the TUU from the TUU report.
6. TUU performed by Name, address, and phone number of person who performed the TUU.
Data Entry: Do not key-enter name, address, and phone number.
7. Date report reviewed Date report reviewed at CC.
8. Report reviewed by Standard 3-digit WHI employee ID who reviewed the TUU report and completed Items 9 - 13. Write name on line.
Data Entry: Do not key-enter name.
9. Summary of report Endometrial thickness or other findings.
10. Pelvic pathology present No/Yes. Any "yes" answer will require follow-up investigation to clear the participant for eligibility.
- 10.1. - 10.5. Pelvic pathology present No/Yes. Mark "No" or "Yes" for each item.
- 10.5.1. Side Right/Left/Both. Mark one location oval or box if Item 10.4. - Ovarian mass is "1 - Yes."
11. Other pathology present No/Yes. If Yes, specify.
Data Entry: Key-enter text on "specify" line.
12. Endometrial cavity fluid No/Yes. See *Vol. 2 - Procedures, Section 5 - HRT* for description.
13. Referral for follow-up No/Yes.
- 13.1. Referred by Standard 3-digit WHI employee ID. (See common data items.) Write name on line.
Data Entry: Do not key-enter name.
- 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 text.

- 13.4. Endometrial follow-up results Normal/Hyperplasia/Cancer. Results of follow-up studies (e.g., D&C, additional biopsy for any abnormality concerning the endometrium or cavity fluid [Questions 9 and 12, respectively]). Mark the appropriate oval or box indicating the final diagnosis.
- 13.5. Pelvic pathology results Normal/benign/cancer. Results of follow-up studies for any abnormalities concerning pelvic or other pathology (Questions 10 and 11, respectively). Mark the appropriate oval or box indicating the final diagnosis.

Note: When using Form 83 for eligibility, a subsequent Form 82 or 83 must be filled out indicating normal or benign results to make the participant eligible.