

Part 1 - Primary Care

Indication: *(Please tick one)*☐

GP referral

☐

Self-referral

Eligibility:

☐

Yes

☐

No

Age yearsSex ☐ Male ☐ Female☐ OtherHeight (cm) Weight (kg) .

Ethnicity

Postcode *(First part of postcode only)*

Ethnicities

White

1. English/Welsh/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background

Mixed/Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed/Multiple ethnic background

Asian/Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background

Black/ African/Caribbean/Black British

14. African
15. Caribbean
16. Any other Black/African/Caribbean background

Patient's response *(Please tick one)*☐

Agreed to participate

☐

Interested — further information requested

☐Refused *(Please go to the question below)*Patient's refused *(Please tick one)*☐

Not the gold standard

☐

Symptoms resolved

☐

Concerns due to Covid-19 and attendance

☐

Symptoms worsened — endoscopy needed

☐

Does not like the sound of the procedure

☐

Other

Where did you see the advert?

☐

Leaflet

☐ Media☐

Posters

☐ Word of mouth☐

GP Consultation

☐ Pharmacy☐

Mobile unit advert

☐ Other

Symptoms

☐

Heartburn

☐

Acid reflux

☐

Epigastric pain

☐

Pain behind the breastbone

☐

Belching all the time

☐

Satiety

☐

Other

Age began taking medication yearsHave you previously visited the GP about your symptoms? ☐ Yes ☐ No

Self-referral only

Date of telephone call:

 / /

Nurse:

Date uploaded to the database:

 / / <https://www.deltabase.org.uk>

Part 2 - Cytosponge procedure *(To be completed at Cytosponge clinic)*

Date of appointment: [] [] / [] [] / [] [] [] [] Nurse:

Start time: [] [] : [] [] End time: [] [] : [] [] Time taken (mins): [] [] []

Cytosponge swallow: ☐ First Attempt ☐ Unable to swallow
☐ Second Attempt

Device lot number Pot number

Device issues *(Please tick and report any issues to the Research Manager)***Device fault detected before use**

- ☐
- Capsule cracked
-
- ☐
- Packaging not sealed
-
- ☐
- Broken string
-
- ☐
- Other

Adverse event

- ☐
- Detachment
-
- ☐
- Bleeding on withdrawal
-
- ☐
- Other

Smoking status: ☐ Current ☐ Past ☐ NeverPrevious low grade dysplasia for known Barrett's? ☐ Tick if "Yes"Was local anesthetic used? ☐ Yes ☐ No**Medication**

Are you on any medication for heartburn?

☐ Yes *(Please go to the questions below)* ☐ No**Anti-reflux medications**

Omeprazole	Maalox
Cimetidine	Maxolon
Domeperidone	Omeprazole (Losec)
Esomeprazole (Nexium)	Pantoprazole (Protonix)
Gaviscon	Rabeprazole (Pariet)
Lansoprazole (Zoton)	Ranitidine

Medication	Dose (mg)	OD/BD	Length of time (yrs)

Other medications: ☐ Asthma inhalers ☐ Aspirin or NSAIDSAnti-coagulation/Anti-platelet medication: ☐ Warfarin ☐ Clopidogrel ☐ Apixiban
☐ Other**Acceptability**Would you be willing to have the
cytosponge procedure again in the future,
if it was recommended by your doctor?
☐ Yes, definitely ☐ Yes, probably
☐ No, probably not ☐ No, definitely not
☐ UnsureHow acceptable did you find the
cytosponge procedure?
☐ Completely acceptable ☐ Acceptable
☐ Unacceptable ☐ Completely unacceptable

Comments:

This is only for patients who need a repeat cytosponge following their results

Part 2B - Repeat Cytosponge invitation

Date of appointment: [] [] / [] [] / [] [] [] [] Nurse:

Start time: [] [] : [] [] End time: [] [] : [] [] Time taken (mins): [] [] []

Cytosponge swallow: ☐ First Attempt ☐ Unable to swallow
☐ Second Attempt

Device lot number Pot number

Device issues (Please tick and report any issues to the Research Manager)**Device fault detected before use**

- ☐
- Capsule cracked
-
- ☐
- Packaging not sealed
-
- ☐
- Broken string
-
- ☐
- Other

Adverse event

- ☐
- Detachment
-
- ☐
- Bleeding on withdrawal
-
- ☐
- Other

Was local anesthetic used? ☐ Yes ☐ No**Medication**

Are you on any medication for heartburn?

☐ Yes (Please go to the questions below) ☐ No**Anti-reflux medications**

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Cimetidine	Maxolon
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Comments: