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Site Number

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Subject Number

Endoscopy Procedure**Endoscopy Details**

What was the name of the procedure?	<div>PRTRT</div> <div>PRTRT; FAOBJ</div>
Was an endoscopy performed?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div> <div>PRYN</div> <div>[NOT SUBMITTED]</div>
Start date of endoscopy. (DD-MMM-YYYY)	<div></div> <div>PRSTDAT</div> <div>PRSTDTC; FADTC</div>
Start time of endoscopy. (24 hour clock)	<div></div> <div>PRSTTIM</div> <div>PRSTDTC; FADTC</div>
End date of endoscopy. (DD-MMM-YYYY)	<div></div> <div>PRENDAT</div> <div>PRENDTC</div>
End time of endoscopy. (24 hour clock)	<div></div> <div>PRENTIM</div> <div>PRENDTC</div>
What was the bowel preparation procedure agent used?	<div><input type="radio"/> Magnesium citrate</div> <div><input type="radio"/> Polyethylene glycol</div> <div><input type="radio"/> Other</div> <div>AGTRT</div> <div>AGTRT</div>
If "Other", specify.	<div>AGTRTOTH</div> <div>AGTRT</div>
What date was the bowel preparation started? (DD-MMM-YYYY)	<div></div> <div>AGSTDAT</div> <div>AGSTDTC</div>
What time was the bowel preparation started? (24 hour clock)	<div></div> <div>AGSTTIM</div> <div>AGSTDTC</div>
What was the individual dose of the agent per administration?	<div>AGDOSE</div> <div>AGDOSE</div>



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What is the unit of the agent per administration?

- ☐ CAPSULE
☐ g
☐ IU
☐ mg
☐ mL
☐ PUFF
☐ TABLET
☐ ug

AGDOSU

AGDOSU

What was the route of administration of the agent?

- ☐ INTRALESIONAL
☐ INTRAMUSCULAR
☐ INTRAOCULAR
☐ INTRAPERITONEAL
☐ NASAL
☐ ORAL
☐ RECTAL
☐ RESPIRATORY (INHALATION)
☐ SUBCUTANEOUS
☐ TOPICAL
☐ TRANSDERMAL
☐ VAGINAL

AGROUTE

AGROUTE

Were any biopsies taken?

- ☐ No
☐ Yes

BIOPSIND_FAORRES

FAORRES where FATESTCD = "BIOPSIND"