

## Biospecimen Pre-Analytical Variables (BPV) Ovary Surgery/Anesthesia Form

PR-0006-F5

VER. 03.00

Effective Date: 03/11/2013

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BPV Case ID: \_\_\_\_\_

Affix BPV Case ID Label

Form Completed By: \_\_\_\_\_

Date on Which Form Was Completed:

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (MM/DD/YYYY)

Tissue Bank ID: \_\_\_\_\_

### Pre-Operative Medications Administration:

Record medications administered in the holding area before the patient enters the operating room. If additional space is required, record any additional pre-operative medications administered in #6 below.

1. **Date of Surgery:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(MM/DD/YYYY)

2. **Pre-Operative Intravenous (IV) Sedation Administered?**

☐ **Yes** (If yes, select all that apply.)

☐ **No**

☐ Diazepam, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Lorazepam, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Midazolam, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Other IV sedation, Specify: \_\_\_\_\_  
Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

3. **Pre-Operative IV Opiates Administered?**

☐ **Yes** (If yes, select all that apply.)

☐ **No**

☐ Fentanyl, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Hydromorphone, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Meperidine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Morphine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Other IV opiate, Specify: \_\_\_\_\_  
Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

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**4. Pre-Operative IV Antiemetics Administered?**

☐ **Yes** (If yes, select all that apply.)
 ☐ **No**

☐ Droperidol, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Ondansetron, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other IV antiemetic, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

**5. Pre-Operative IV Anti-Acids Administered?**

☐ **Yes** (If yes, select all that apply.)
 ☐ **No**

☐ Ranitidine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other IV anti-acid, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

**6. Other Pre-Operative IV Medications Administered?**

*Record additional IV medications administered pre-operatively, if applicable.*

☐ **Yes**
☐ **No**

☐ Other pre-op medication, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other pre-op medication, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other pre-op medication, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

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**Type of Anesthesia Administered**
**PLEASE RECORD ONLY ANESTHESIA AGENTS ADMINISTERED BEFORE REMOVAL OF THE ORGAN. If additional space is required, record any additional anesthesia agents administered in #14 below.**
**7. Local Anesthesia Agents Administered?**
☐ **Yes** (If yes, select all that apply.) ☐ **No**
☐ Lidocaine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Procaine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other local anesthetic, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

**8. Regional (Spinal/ Epidural) Anesthesia Agents Administered?**
☐ **Yes** (If yes, select all that apply.) ☐ **No**
☐ Bupivacaine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Lidocaine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other Spinal/Regional anesthetic, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

**9. IV Anesthesia Agents Administered?**
☐ **Yes** (If yes, select all that apply.) ☐ **No**
☐ Brevital, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Etomidate, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Ketamine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Propofol, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

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☐ Sodium thiopental, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other IV anesthesia agents, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

**10. IV Narcotic/ Opiate Agents Administered?**

☐ **Yes** (If yes, select all that apply.)

☐ **No**

☐ Fentanyl, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Hydromorphone, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Meperidine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Morphine, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other narcotics/opiates, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

**11. IV Muscle Relaxants Administered?**

**Please use the supplemental page at the end of this form when more than one dose at a time is administered.**

☐ **Yes** (If yes, select all that apply.)

☐ **No**

☐ Pancuronium, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Suxamethonium chloride, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Vecuronium, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ Other muscle relaxant, Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

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**12. Inhalation Anesthesia Agents Administered?**

☐ **Yes** (If yes, select all that apply.)

☐ **No**

☐ Isoflurane, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Nitrous oxide, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Other inhalation anesthesia agents, Specify: \_\_\_\_\_  
Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

**13. Additional Anesthesia Agents Used?**

*Record any additional anesthesia agents administered before removal of the organ.*

☐ **Yes**

☐ **No**

☐ Other, Specify: \_\_\_\_\_  
Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Other, Specify: \_\_\_\_\_  
Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ Other, Specify: \_\_\_\_\_  
Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

**Surgery Information**

Indicate whether any of the following medications were administered during surgery.

**14. Other Medications Administered During Surgery and Before Removal of the Organ**

*Please use the supplemental page at the end of this form if you require additional space.*

Was insulin administered during surgery?

☐ **Yes** (If yes, specify insulin and record dose and time) Specify: \_\_\_\_\_  
Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

☐ **No**

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Were steroids administered during surgery?

- ☐ **Yes** (If yes, specify steroid(s) and record dose and time) Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ **No**

Were antibiotics administered during surgery?

- ☐ **Yes** (If yes, specify antibiotics and record dose and time) Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ **No**

Were other medications administered during surgery?

- ☐ **Yes** (If yes, specify other medications and record dose and time) Specify: \_\_\_\_\_  
 Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

☐ **No**

### Surgical Procedure Details

15. **Time of First Incision:** \_\_\_\_ : \_\_\_\_  
 (HH:MM)

16. **Surgical Procedure** (Select the surgical procedure performed.)

Select one:

- ☐ Hysterectomy with bilateral salpingo-oophorectomy
- ☐ Hysterectomy with left salpingo-oophorectomy
- ☐ Hysterectomy with right salpingo-oophorectomy
- ☐ Oophorectomy, bilateral
- ☐ Oophorectomy, left
- ☐ Oophorectomy, right
- ☐ Pelvic exenteration
- ☐ Pelvic mass excision
- ☐ Salpingo-oophorectomy, bilateral
- ☐ Salpingo-oophorectomy, left
- ☐ Salpingo-oophorectomy, right
- ☐ Other (specify) \_\_\_\_\_

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 (MM/DD/YYYY)

**Surgical Method Performed**

*Select the surgical method by which ovary/ovaries was/were removed.*

Select one:

- ☐ Abdominal
- ☐ Vaginal
- ☐ Laparoscopic
- ☐ Laparoscopically Assisted Vaginal Hysterectomy
- ☐ Supracervical
- ☐ Robotic
- ☐ Other (Specify) \_\_\_\_\_

**17. Time of First Clamp:**

*Indicate the time at which the first clamp was applied.*

\_\_\_\_:\_\_\_\_  
(HH:MM)

**18. Time of Second Clamp:**

*Indicate the time at which the second clamp was applied.*

\_\_\_\_:\_\_\_\_  
(HH:MM)

**19. Time of Organ Resection:**

*Indicate the time at which the organ was resected.*

\_\_\_\_:\_\_\_\_  
(HH:MM)

**20. In Vivo Intra-Operative Ischemic Period (minutes)**

*Indicate the elapsed time from the first application of the first clamp to organ resection.*

\_\_\_\_\_ minutes

**Patient's Vital Signs BEFORE EXCISION OF ORGAN**

**21. Describe blood pressure excursions from time of anesthesia induction to 15 minutes post.**

*Note the duration of variances greater than 20 mmHg from the patient's pre-operative baseline during the first 15 minutes after anesthesia induction.*

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 (MM/DD/YYYY)

22. **Describe blood pressure excursions from 15 minutes post anesthesia induction to organ excision.**  
*Note duration of variances greater than 20 mmHg from the patient's pre-operative baseline from 15 minutes after anesthesia induction to organ excision.*

23. **Temperature**

First patient temperature recorded in OR \_\_\_\_\_ °F or °C (*Circle temperature scale*)

Time of first temperature: \_\_\_\_:\_\_\_\_  
 (HH:MM)

Second patient temperature recorded in OR \_\_\_\_\_ °F or °C (*Circle temperature scale*)

Time of first temperature: \_\_\_\_:\_\_\_\_  
 (HH:MM)

24. **Describe Epochs of Oxygen (O<sub>2</sub>) desaturation of <92% for > 5 minutes prior to organ excision**

25. **Carbon dioxide (CO<sub>2</sub>) level recorded at time closest to organ excision**

**Intra-operative Blood Product Administration**

26. a. **Albumin:** \_\_\_\_\_ mL
- b. **Packed Red Blood Cells:** \_\_\_\_\_ # units
- c. **Platelets:** \_\_\_\_\_ mL
- d. **Fresh Frozen Plasma:** \_\_\_\_\_ # units



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**Patient Fluid Output**

27. **Blood Loss:** \_\_\_\_\_ mL  
*Indicate intra-operative blood loss.*

**At what point was blood loss recorded? Select one:**

- ☐ Prior to organ excision  
☐ At the end of surgery

28. **Urine Volume Excreted:** \_\_\_\_\_ mL  
*Indicate the urine volume excreted.*

**At what point was urine output recorded? Select one:**

- ☐ Prior to organ excision  
☐ At the end of surgery

29. **Record Pelvic Washing Collection?**  
*Select one*

- ☐ Yes: \_\_\_\_\_ mL  
☐ No

30. **Was Ascites Fluid Collected?**  
*Select one*

- ☐ Yes: \_\_\_\_\_ mL  
☐ No

**Additional Information**

31. **Duration of Fasting Before Surgery:** \_\_\_\_\_ hours

32. **Description of Pre-Operative Bowel Preparation Before Surgery:**

33. **Other Notable Events During Surgery**  
*Describe unusual events or extreme variations from the usual procedure.*

34. **Time Specimen Left Operating Room:** \_\_\_\_:\_\_\_\_  
 (HH:MM)

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**Supplemental Medication Administration**

**Additional Pre-Operative Medications Administered**

Medication: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

Notes:

Medication: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

Notes:

Medication: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

Notes:

Medication: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

Notes:

**Additional Anesthesia Agents Administered**

Agent: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

Notes:

Agent: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

Notes:

Agent: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

Notes:

Agent: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
 (HH:MM)

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### Additional Intra-Operative Medications Administered

Medication: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

Notes:

Medication: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

Notes:

Medication: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

Notes:

Medication: \_\_\_\_\_, Dose: \_\_\_\_\_, Unit: \_\_\_\_\_, Time: \_\_\_\_ : \_\_\_\_  
(HH:MM)

Notes: