

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

PR-0006-F7

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 PRIOR TO 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 Prior to 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:

- ☐ Abdominoperineal resection
- ☐ Colectomy
- ☐ Colectomy, left
- ☐ Colectomy, right
- ☐ Colectomy, sigmoid
- ☐ Colectomy, subtotal
- ☐ Colectomy, total
- ☐ Colectomy, transverse
- ☐ Low anterior resection
- ☐ Proctectomy
- ☐ Proctocolectomy
- ☐ Rectosigmoidectomy
- ☐ Other (specify): _____

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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 PRIOR TO 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.

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.

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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 (O₂) desaturation of <92% for > 5 minutes prior to organ excision

25. Carbon dioxide (CO₂) 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

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

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Fluid Loss

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. **Was Ascites Fluid Collected?**

Select one

- ☐ Yes: _____ mL
- ☐ No

Additional Information

30. **Duration of Fasting Before Surgery:** _____ hours

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

32. **Other Notable Events During Surgery**

Describe unusual events or extreme variations from the usual procedure.

33. **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)

Notes:

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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: