



## Bronchoscopy Diagnostic Registry

Patient Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Attending Name: \_\_\_\_\_

**This form is for internal purposes only. Once the data has been transferred into the AQUIRE Registry this form must be destroyed.**

**The patient name and medical record number, along with the system-generated patient ID, which will be generated when this record is entered into AQUIRE, should be recorded in the patient logbook.**

- -Denotes required.

Demographic Information	
<b>Race:*</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<b>Sex:*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

General Patient and Procedure Information	
<b>Site of service where the procedure took place*:</b> <input type="checkbox"/> Physician Office <input type="checkbox"/> Outpatient Hospital (length of stay under 24 hours) <input type="checkbox"/> Inpatient Hospital (length of stay over 24 hours) <input type="checkbox"/> Ambulatory Surgical Center <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other (specify) _____	
<b>Patient age on the day of the procedure:*</b> _____	<b>Urgency of procedure:*</b> <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Elective
<b>Fellow's participation with the procedure:*</b> <input type="checkbox"/> A fellow did not participate in the procedure <input type="checkbox"/> A fellow participated in < 50% of the procedure <input type="checkbox"/> A fellow participated in > 50% of the procedure	
<b>First assistant assisting with the procedure:*</b> <input type="checkbox"/> Nurse <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Technician <input type="checkbox"/> Other (specify) _____	

Other Procedural and Patient Information
<b>Zubrod score:*</b> <input type="checkbox"/> 0-normal activity, asymptomatic <input type="checkbox"/> 1-symptoms but fully ambulatory <input type="checkbox"/> 2- symptoms, but in bed >50% of the time <input type="checkbox"/> 3-Symptoms, but in bed >50% but <100% of the time <input type="checkbox"/> 4-bedridden <input type="checkbox"/> 5-moribund

<b>ASA score:*</b> <input type="checkbox"/> 1- A completely healthy patient <input type="checkbox"/> 2- A patient with mild systemic disease <input type="checkbox"/> 3- A patient with severe systemic disease that is not incapacitating <input type="checkbox"/> 4- A patient with incapacitating disease that is a constant threat to life <input type="checkbox"/> 5- A moribund patient who is not expected to live 24 hours with or without surgery	<b>Was the ASA emergent?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Indicate any comorbidities the patient has:*</b> <input type="checkbox"/> CAD <input type="checkbox"/> COPD <input type="checkbox"/> CHF <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> HTN <input type="checkbox"/> Asthma <input type="checkbox"/> Renal failure, creatinine > 2, no hemodialysis <input type="checkbox"/> Renal failure, hemodialysis <input type="checkbox"/> Hematologic malignancy <input type="checkbox"/> None of the above	
<b>Indicate if the patient is using any of the following medications:*</b> <input type="checkbox"/> Inhaled steroids <input type="checkbox"/> Inhaled beta agonist <input type="checkbox"/> Inhaled anticholinergics <input type="checkbox"/> None of the above	

<b>Bleeding/Risk/Labs</b>	
<b>Platelets:*</b> <input type="checkbox"/> ≤ 50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> > 100,000 <input type="checkbox"/> Test not performed	<b>INR:*</b> <input type="checkbox"/> <1.5 <input type="checkbox"/> 1.5-2 <input type="checkbox"/> >2 <input type="checkbox"/> Test not performed
<b>Did the patient take clopidogrel within 96 hours of the procedure?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is the patient taking a medication besides clopidogrel or have a disease that increases the risk of bleeding?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Lifestyle</b>
<b>Patient's tobacco use in the form of cigarettes:*</b> <input type="checkbox"/> Current use of cigarettes <input type="checkbox"/> Prior use of cigarettes <input type="checkbox"/> Never used cigarettes <i>If current or prior use → Indicate pack years of patient's tobacco use in the form of cigarettes _____</i>

<b>Indication for Procedure-SPN</b> <i>(Skip this section if a SPN (&lt; 3 cm o the short axis/surrounded by aerated lung) did NOT indicate for the procedure)</i>	
<b>Size of SPN on the short axis:*</b> <input type="checkbox"/> 1-10mm <input type="checkbox"/> 11-20mm <input type="checkbox"/> 21-30mm	<b>Location of SPN:</b> <input type="checkbox"/> Inner 2/3 of lung <input type="checkbox"/> Outer 1/3 of lung
<b>Anatomical site of the SPN:*</b> <input type="checkbox"/> RUL; Apical segment / B1 <input type="checkbox"/> RUL; Posterior segment / B2 <input type="checkbox"/> RUL; Anterior segment / B3 <input type="checkbox"/> RUL; Segment not specified <input type="checkbox"/> RML; Lateral segment / B4 <input type="checkbox"/> RML; Medial segment / B5 <input type="checkbox"/> RML; Segment not specified <input type="checkbox"/> RLL; Superior segment / B6 <input type="checkbox"/> RLL; Medial basal segment / B7 <input type="checkbox"/> RLL; Anterior basal segment / B8 <input type="checkbox"/> RLL; Lateral basal segment / B9 <input type="checkbox"/> RLL; Posterior basal segment / B10 <input type="checkbox"/> RLL; Segment not specified <input type="checkbox"/> LUL; Apical posterior segment / B1 2 <input type="checkbox"/> LUL; Anterior segment / B3 <input type="checkbox"/> LUL; Segment not specified <input type="checkbox"/> Lingula; Superior segment / B4 <input type="checkbox"/> Lingula; Inferior segment / B5 <input type="checkbox"/> LLL; Superior segment / B6 <input type="checkbox"/> LLL; Anteromedial basal segment / B7 8 <input type="checkbox"/> LLL; Lateral basal segment / B9 <input type="checkbox"/> LLL; Posterior basal segment/B10 <input type="checkbox"/> LLL; Segment not specified	
<b>Indicate the following regarding the SPN:*</b> <input type="checkbox"/> Air bronchogram through lesion <input type="checkbox"/> Visible airway to lesion <input type="checkbox"/> Ground glass opacity <input type="checkbox"/> None of the above	

<b>Indication for Procedure-Mass</b> <i>(Skip this section if a Mass (&gt; 3 on the short axis) did NOT indicate for the procedure)</i>	
<b>Size of Mass on the short axis:*</b> <input type="checkbox"/> 31-40mm <input type="checkbox"/> 41-50mm <input type="checkbox"/> >50mm	<b>Location of Mass:</b> <input type="checkbox"/> Inner 2/3 of lung <input type="checkbox"/> Outer 1/3 of lung

**Anatomical site of the SPN:\***

- RUL; Apical segment / B1   RUL; Posterior segment / B2   RUL; Anterior segment / B3   RUL; Segment not specified   RML; Lateral segment / B4  
RML; Medial segment / B5   RML; Segment not specified   RLL; Superior segment / B6   RLL; Medial basal segment / B7  
RLL; Anterior basal segment / B8   RLL; Lateral basal segment / B9   RLL; Posterior basal segment / B10   RLL; Segment not specified  
LUL; Apical posterior segment / B1 2   LUL; Anterior segment / B3   LUL; Segment not specified   Lingula; Superior segment / B4  
Lingula; Inferior segment / B5   LLL; Superior segment / B6   LLL; Anteromedial basal segment / B7 8   LLL; Lateral basal segment / B9  
LLL; Posterior basal segment/B10   LLL; Segment not specified

**Indicate the following regarding the mass:\***   Air bronchogram through lesion   Visible airway to lesion   Atelectasis beyond lesion

- Involves hilum   Involves mediastinal structures   Involves vascular structure   Endobronchial lesion   None of the above

**Indication for Procedure-Multiple Peripheral Nodules/Masses**

*(Skip this section if multiple peripheral nodules/masses did NOT indicate for the procedure)*

**Size of the smallest of the multiple peripheral nodules/masses identified on the short axis\***

- 1-10 mm   11-20 mm   21-30 mm   31-40 mm   41-50 mm   >50 mm

**Anatomical site of the smallest of the multiple peripheral nodules/masses identified:\***

- RUL; Apical segment / B1   RUL; Posterior segment / B2   RUL; Anterior segment / B3   RUL; Segment not specified   RML; Lateral segment / B4  
RML; Medial segment / B5   RML; Segment not specified   RLL; Superior segment / B6   RLL; Medial basal segment / B7  
RLL; Anterior basal segment / B8   RLL; Lateral basal segment / B9   RLL; Posterior basal segment / B10   RLL; Segment not specified  
LUL; Apical posterior segment / B1 2   LUL; Anterior segment / B3   LUL; Segment not specified   Lingula; Superior segment / B4  
Lingula; Inferior segment / B5   LLL; Superior segment / B6   LLL; Anteromedial basal segment / B7 8   LLL; Lateral basal segment / B9  
LLL; Posterior basal segment/B10   LLL; Segment not specified

**Location of the smallest of the multiple peripheral nodules/masses identified\***   Inner 2/3 of lung   Outer 1/3 of lung

**Size of the largest of the multiple peripheral nodules/masses identified on the short axis\***

- 1-10 mm   11-20 mm   21-30 mm   31-40 mm   41-50 mm   >50 mm

**Anatomical site of the largest of the multiple peripheral nodules/masses identified:\***

- RUL; Apical segment / B1   RUL; Posterior segment / B2   RUL; Anterior segment / B3   RUL; Segment not specified   RML; Lateral segment / B4  
RML; Medial segment / B5   RML; Segment not specified   RLL; Superior segment / B6   RLL; Medial basal segment / B7  
RLL; Anterior basal segment / B8   RLL; Lateral basal segment / B9   RLL; Posterior basal segment / B10   RLL; Segment not specified  
LUL; Apical posterior segment / B1 2   LUL; Anterior segment / B3   LUL; Segment not specified   Lingula; Superior segment / B4  
Lingula; Inferior segment / B5   LLL; Superior segment / B6   LLL; Anteromedial basal segment / B7 8   LLL; Lateral basal segment / B9  
LLL; Posterior basal segment/B10   LLL; Segment not specified

**Location of the smallest of the multiple peripheral nodules/masses identified\***   Inner 2/3 of lung   Outer 1/3 of lung

**Indicate the total number of peripheral nodule/masses:\***   2   3   4   5   > 5

**Indication for Procedure-Infiltrate**

*(Skip this section if infiltrate (infectious or ILD evaluation) did NOT indicate for the procedure)*

**Location(s) of the infiltrate(s):**   Left   Right   Bilateral   Outer 1/3 of lung   Inner 2/3 of lung

**Is the infiltrate localized?\*** Yes No*If yes* → Indicate size of infiltrate(s) on the short axis:  < 3 cm  ≥ 3 cm*If yes* → Indicate anatomical site of infiltrate: RUL; Apical segment / B1 RUL; Posterior segment / B2 RUL; Anterior segment / B3RUL; Segment not specified RML; Lateral segment / B4 RML; Medial segment / B5RML; Segment not specified RLL; Superior segment / B6 RLL; Medial basal segment / B7RLL; Anterior basal segment / B8 RLL; Lateral basal segment / B9RLL; Posterior basal segment / B10 RLL; Segment not specifiedLUL; Apical posterior segment / B1 2 LUL; Apical posterior segment / B1 2LUL; Anterior segment / B3 LUL; Segment not specified Lingula; Superior segment / B4Lingula; Inferior segment / B5 LLL; Superior segment / B6 LLL; Anteromedial basal segment / B7 8LLL; Lateral basal segment / B9 LLL; Posterior basal segment/B10 LLL; Segment not specified**Indicate the following regarding the infiltrate\***Air bronchogram within infiltrate Visible airway to infiltrate Ground glass opacity None of the above Other (specify) \_\_\_\_\_**Other Indications for the Procedure****Procedure indicated for mediastinal LN:\*** Yes No**Procedure indicated for hilar LN:\*** Yes No**Procedure indicated for transplant evaluation:** Yes No**Procedure indicated due to prior procedure, which did not yield a diagnosis. Indicate procedure:\***Not applicable Previous bronchoscopy Previous radiologically guided transthoracic fine needle aspiration Previous mediastinoscopyPrevious video assistance or open surgical biopsy Other (specify) \_\_\_\_\_**Procedure indicated by other (specify)** \_\_\_\_\_**Procedure Performed-BAL***(Skip this section if BAL was NOT performed)***Indicate the volume instilled for the BAL in milliliters (range 0-300):\*** \_\_\_\_\_**Indicate the volume returned from the BAL in milliliters (range 0-300):\*** \_\_\_\_\_**Anatomical site where the BAL was performed:\***RUL; Apical segment / B1 RUL; Posterior segment / B2 RUL; Anterior segment / B3 RUL; Segment not specified RML; Lateral segment / B4RML; Medial segment / B5 RML; Segment not specified RLL; Superior segment / B6 RLL; Medial basal segment / B7RLL; Anterior basal segment / B8 RLL; Lateral basal segment / B9 RLL; Posterior basal segment / B10 RLL; Segment not specifiedLUL; Apical posterior segment / B1 2 LUL; Anterior segment / B3 LUL; Segment not specified Lingula; Superior segment / B4Lingula; Inferior segment / B5 LLL; Superior segment / B6 LLL; Anteromedial basal segment / B7 8 LLL; Lateral basal segment / B9LLL; Posterior basal segment/B10 LLL; Segment not specified**Was a diagnosis made using BAL?\*** Yes No**Transbronchial Biopsy Site 1***(Skip this section if a transbronchial biopsy was NOT performed)***First anatomical location where a specimen was acquired during the transbronchial biopsy (biopsy site 1):\***RUL; Apical segment / B1 RUL; Posterior segment / B2 RUL; Anterior segment / B3 RUL; Segment not specified RML; Lateral segment / B4RML; Medial segment / B5 RML; Segment not specified RLL; Superior segment / B6 RLL; Medial basal segment / B7RLL; Anterior basal segment / B8 RLL; Lateral basal segment / B9 RLL; Posterior basal segment / B10 RLL; Segment not specifiedLUL; Apical posterior segment / B1 2 LUL; Anterior segment / B3 LUL; Segment not specified Lingula; Superior segment / B4Lingula; Inferior segment / B5 LLL; Superior segment / B6 LLL; Anteromedial basal segment / B7 8 LLL; Lateral basal segment / B9LLL; Posterior basal segment/B10 LLL; Segment not specified**Number of specimen acquired at biopsy site 1:\*** \_\_\_\_\_

**Indicate all the techniques utilized to localize the SPN/mass/infiltrate at biopsy site 1:\***

- Single plane fluoroscopy was utilized  Biplane fluoroscopy was utilized  CT fluoroscopy was utilized  EM guidance was utilized  
 Peripheral EBUS was utilized  Blind or unguided  Other (specify) \_\_\_\_\_

**Was a diagnosis made at transbronchial biopsy site 1?**  Yes  No

**Transbronchial Biopsy Site 2**

*(Skip this section if a transbronchial biopsy was NOT performed or there was only one transbronchial biopsy site)*

**Second anatomical location where a specimen was acquired during the transbronchial biopsy (biopsy site 2):\***

- RUL; Apical segment / B1  RUL; Posterior segment / B2  RUL; Anterior segment / B3  RUL; Segment not specified  RML; Lateral segment / B4  
 RML; Medial segment / B5  RML; Segment not specified  RLL; Superior segment / B6  RLL; Medial basal segment / B7  
 RLL; Anterior basal segment / B8  RLL; Lateral basal segment / B9  RLL; Posterior basal segment / B10  RLL; Segment not specified  
 LUL; Apical posterior segment / B1 2  LUL; Anterior segment / B3  LUL; Segment not specified  Lingula; Superior segment / B4  
 Lingula; Inferior segment / B5  LLL; Superior segment / B6  LLL; Anteromedial basal segment / B7 8  LLL; Lateral basal segment / B9  
 LLL; Posterior basal segment/B10  LLL; Segment not specified

**Number of specimen acquired at biopsy site 2:\*** \_\_\_\_\_

**Indicate all the techniques utilized to localize the SPN/mass/infiltrate at biopsy site 2:\***

- Single plane fluoroscopy was utilized  Biplane fluoroscopy was utilized  CT fluoroscopy was utilized  EM guidance was utilized  
 Peripheral EBUS was utilized  Blind or unguided  Other (specify) \_\_\_\_\_

**Was a diagnosis made at transbronchial biopsy site 2?**  Yes  No

**Transbronchial Biopsy Site 3**

*(Skip this section if a transbronchial biopsy was NOT performed or there was only one or two transbronchial biopsy site(s))*

**Third anatomical location where a specimen was acquired during the transbronchial biopsy (biopsy site 3):\***

- RUL; Apical segment / B1  RUL; Posterior segment / B2  RUL; Anterior segment / B3  RUL; Segment not specified  RML; Lateral segment / B4  
 RML; Medial segment / B5  RML; Segment not specified  RLL; Superior segment / B6  RLL; Medial basal segment / B7  
 RLL; Anterior basal segment / B8  RLL; Lateral basal segment / B9  RLL; Posterior basal segment / B10  RLL; Segment not specified  
 LUL; Apical posterior segment / B1 2  LUL; Anterior segment / B3  LUL; Segment not specified  Lingula; Superior segment / B4  
 Lingula; Inferior segment / B5  LLL; Superior segment / B6  LLL; Anteromedial basal segment / B7 8  LLL; Lateral basal segment / B9  
 LLL; Posterior basal segment/B10  LLL; Segment not specified

**Number of specimen acquired at biopsy site 3:\*** \_\_\_\_\_

**Indicate all the techniques utilized to localize the SPN/mass/infiltrate at biopsy site 3:\***

- Single plane fluoroscopy was utilized  Biplane fluoroscopy was utilized  CT fluoroscopy was utilized  EM guidance was utilized  
 Peripheral EBUS was utilized  Blind or unguided  Other (specify) \_\_\_\_\_

**Was a diagnosis made at transbronchial biopsy site 2?**  Yes  No

**Procedure-Performed Cytology Brushing Site 1**

*(Skip this section if cytology brushing was not performed)*

**First anatomical location where a specimen was acquired during the cytology brushing (brush site 1):\***

- RUL; Apical segment / B1  RUL; Posterior segment / B2  RUL; Anterior segment / B3  RUL; Segment not specified  RML; Lateral segment / B4  
 RML; Medial segment / B5  RML; Segment not specified  RLL; Superior segment / B6  RLL; Medial basal segment / B7  
 RLL; Anterior basal segment / B8  RLL; Lateral basal segment / B9  RLL; Posterior basal segment / B10  RLL; Segment not specified  
 LUL; Apical posterior segment / B1 2  LUL; Anterior segment / B3  LUL; Segment not specified  Lingula; Superior segment / B4  
 Lingula; Inferior segment / B5  LLL; Superior segment / B6  LLL; Anteromedial basal segment / B7 8  LLL; Lateral basal segment / B9  
 LLL; Posterior basal segment/B10  LLL; Segment not specified

**Indicate how the brush site 1 specimen was processed:\***  Direct smear  Cytologically preserved

**Indicate all the techniques utilized to localize the SPN/mass/infiltrate at brush site 1:\***  
 Single plane fluoroscopy was utilized  Biplane fluoroscopy was utilized  CT fluoroscopy was utilized  EM guidance was utilized  
 Peripheral EBUS was utilized  Blind or unguided  Other (specify) \_\_\_\_\_

**Was a diagnosis made at cytology brush site 1?**  Yes  No

**Procedure-Performed Cytology Brushing Site 2**  
*(Skip this section if cytology brushing was not performed or cytology brushing was performed at ONLY ONE site)*

**Second anatomical location where a specimen was acquired during the cytology brushing (brush site 2):\***  
 RUL; Apical segment / B1  RUL; Posterior segment / B2  RUL; Anterior segment / B3  RUL; Segment not specified  RML; Lateral segment / B4  
 RML; Medial segment / B5  RML; Segment not specified  RLL; Superior segment / B6  RLL; Medial basal segment / B7  
 RLL; Anterior basal segment / B8  RLL; Lateral basal segment / B9  RLL; Posterior basal segment / B10  RLL; Segment not specified  
 LUL; Apical posterior segment / B1 2  LUL; Anterior segment / B3  LUL; Segment not specified  Lingula; Superior segment / B4  
 Lingula; Inferior segment / B5  LLL; Superior segment / B6  LLL; Anteromedial basal segment / B7 8  LLL; Lateral basal segment / B9  
 LLL; Posterior basal segment/B10  LLL; Segment not specified

**Indicate how the brush site 2 specimen was processed:\***  Direct smear  Cytologically preserved

**Indicate all the techniques utilized to localize the SPN/mass/infiltrate at brush site 2:\***  
 Single plane fluoroscopy was utilized  Biplane fluoroscopy was utilized  CT fluoroscopy was utilized  EM guidance was utilized  
 Peripheral EBUS was utilized  Blind or unguided  Other (specify) \_\_\_\_\_

**Was a diagnosis made at cytology brush site 2?**  Yes  No

**Procedure-Performed Cytology Brushing Site 3**  
*(Skip this section if cytology brushing was not performed or cytology brushing was performed at ONLY ONE or TWO site(s))*

**Third anatomical location where a specimen was acquired during the cytology brushing (brush site 3):\***  
 RUL; Apical segment / B1  RUL; Posterior segment / B2  RUL; Anterior segment / B3  RUL; Segment not specified  RML; Lateral segment / B4  
 RML; Medial segment / B5  RML; Segment not specified  RLL; Superior segment / B6  RLL; Medial basal segment / B7  
 RLL; Anterior basal segment / B8  RLL; Lateral basal segment / B9  RLL; Posterior basal segment / B10  RLL; Segment not specified  
 LUL; Apical posterior segment / B1 2  LUL; Anterior segment / B3  LUL; Segment not specified  Lingula; Superior segment / B4  
 Lingula; Inferior segment / B5  LLL; Superior segment / B6  LLL; Anteromedial basal segment / B7 8  LLL; Lateral basal segment / B9  
 LLL; Posterior basal segment/B10  LLL; Segment not specified

**Indicate how the brush site 3 specimen was processed:\***  Direct smear  Cytologically preserved

**Indicate all the techniques utilized to localize the SPN/mass/infiltrate at brush site 3:\***  
 Single plane fluoroscopy was utilized  Biplane fluoroscopy was utilized  CT fluoroscopy was utilized  EM guidance was utilized  
 Peripheral EBUS was utilized  Blind or unguided  Other (specify) \_\_\_\_\_

**Was a diagnosis made at cytology brush site 3?**  Yes  No

**Procedure Performed-Wash**  
*(Skip this section if a Wash was not performed)*

**Indicate the amount of saline instilled for the wash:\***  
*(This should only be indicated if washing was sent for diagnostic testing. If washing was performed to clear the airway of mucus, this shouldn't be recorded.)*  
 ≤ 20 ml  >20 ml

**Was a diagnosis made using wash?\***  Yes  No

**Procedure Performed- Transbronchial Needle Aspiration (TBNA) Site 1**  
*(Skip this section if TBNA was not performed)*

**First anatomical location where a unique combination of technology was used during the TBNA (TBNA site 1):\***

- 1; High mediastinal - above brachiocephalic vein 2R; Upper paratracheal - above aortic arch, but below brachiocephalic vein  
2L; Upper paratracheal - above aortic arch, but below brachiocephalic vein 3; Prevascular or prevertebral  
4R; Lower paratracheal - below upper margin of aortic arch to main bronchi 4L; Lower paratracheal - below upper margin of aortic arch to main bronchi  
5; AP window nodes lateral to ligamentum arterosum 7; Subcarinal 10R; Hilar lymph nodes 10L; Hilar lymph nodes 11R; Interlobar  
11L; Interlobar 12R; Lobar 12L; Lobar RUL; Apical segment / B1 for samples of nodules/masses  
RUL; Posterior segment / B2 for samples of nodules/masses RUL; Anterior segment / B3 for samples of nodules/masses RUL; Segment not specified  
RML; Lateral segment / B4 for samples of nodules/masses RML; Medial segment / B5 for samples of nodules/masses RML; Segment not specified  
RLL; Superior segment / B6 for samples of nodules/masses RLL; Medial basal segment / B7 for samples of nodules/masses  
RLL; Anterior basal segment / B8 for samples of nodules/masses RLL; Lateral basal segment / B9 for samples of nodules/masses  
RLL; Posterior basal segment / B10 for samples of nodules/masses RLL; Segment not specified  
LUL; Apical posterior segment / B1&2 for samples of nodules/masses LUL; Anterior segment / B3 for samples of nodules/masses  
LUL; Segment not specified Lingula; Superior segment / B4 for samples of nodules/masses  
Lingula; Inferior segment / B5 for samples of nodules/masses LLL; Superior segment / B6 for samples of nodules/masses  
LLL; Anteromedial basal segment / B7&8 for samples of nodules/masses LLL; Lateral basal segment / B9 for samples of nodules/masses  
LLL; Posterior basal segment/B10 for samples of nodules/masses LLL; Segment not specified Trachea for samples of nodules/masses  
Carina for samples of nodules/masses Right main for samples of nodules/masses Bronchus intermedius for samples of nodules/masses  
Left main for samples of nodules/masses Lobar for samples of nodules/masses

**Indicate number of passes made at TBNA site 1 (must be greater than 0):\*** \_\_\_\_\_

**Indicate the guidance used to perform the TBNA at site 1\*:** Blind or unguided Convex (linear) EBUS Radial EBUS

Electromagnetic Conventional / single plane fluoroscopy

Biplane fluoroscopy Other (Specify) \_\_\_\_\_

*If Convex EBUS or Radial EBUS* → Based on the EBUS image, indicate the size of the lymph node or mass sampled at TBNA site 1 on the short axis\* \_\_\_\_\_

**Was on-site cytology performed on the specimen acquired at TBNA site 1?\*** Yes No

**Based on the CT scan, indicate the size of the lymph node or mass sampled at TBNA site 1:\***

1-10mm 11-20mm 21-30mm >30mm

**Based on the PET scan indicate if the lymph node targeted for TBNA site 1 was metabolically active (SUV ≥ 2.5):\***

Metabolically active Not metabolically active PET scan not performed

**Indicate needle gauge used for TBNA site 1:\*** 19 20 21 22

**Which of the following applied to the specimen obtained from TBNA site 1:\***

A specific diagnosis was made No specific diagnosis was made, lymphocytes present

No specific diagnosis was made, no lymphocytes present and target was a lymph node No specific diagnosis made and target was not a lymph node

**Procedure Performed- Transbronchial Needle Aspiration (TBNA) Site 2**

*(Skip this section if TBNA was not performed or if TBNA was performed at ONLY ONE site)*

**Second anatomical location where a unique combination of technology was used during the TBNA (TBNA site 2):\***

- 1; High mediastinal - above brachiocephalic vein 2R; Upper paratracheal - above aortic arch, but below brachiocephalic vein
- 2L; Upper paratracheal - above aortic arch, but below brachiocephalic vein 3; Prevascular or prevertebral
- 4R; Lower paratracheal - below upper margin of aortic arch to main bronchi 4L; Lower paratracheal - below upper margin of aortic arch to main bronchi
- 5; AP window nodes lateral to ligamentum arterosum 7; Subcarinal 10R; Hilar lymph nodes 10L; Hilar lymph nodes 11R; Interlobar
- 11L; Interlobar 12R; Lobar 12L; Lobar RUL; Apical segment / B1 for samples of nodules/masses
- RUL; Posterior segment / B2 for samples of nodules/masses RUL; Anterior segment / B3 for samples of nodules/masses RUL; Segment not specified
- RML; Lateral segment / B4 for samples of nodules/masses RML; Medial segment / B5 for samples of nodules/masses RML; Segment not specified
- RLL; Superior segment / B6 for samples of nodules/masses RLL; Medial basal segment / B7 for samples of nodules/masses
- RLL; Anterior basal segment / B8 for samples of nodules/masses RLL; Lateral basal segment / B9 for samples of nodules/masses
- RLL; Posterior basal segment / B10 for samples of nodules/masses RLL; Segment not specified
- LUL; Apical posterior segment / B1&2 for samples of nodules/masses LUL; Anterior segment / B3 for samples of nodules/masses
- LUL; Segment not specified Lingula; Superior segment / B4 for samples of nodules/masses
- Lingula; Inferior segment / B5 for samples of nodules/masses LLL; Superior segment / B6 for samples of nodules/masses
- LLL; Anteromedial basal segment / B7&8 for samples of nodules/masses LLL; Lateral basal segment / B9 for samples of nodules/masses
- LLL; Posterior basal segment/B10 for samples of nodules/masses LLL; Segment not specified Trachea for samples of nodules/masses
- Carina for samples of nodules/masses Right main for samples of nodules/masses Bronchus intermedius for samples of nodules/masses
- Left main for samples of nodules/masses Lobar for samples of nodules/masses

**Indicate number of passes made at TBNA site 2 (must be greater than 0):\*** \_\_\_\_\_

**Indicate the guidance used to perform the TBNA at site 2\*:** Blind or unguided Convex (linear) EBUS Radial EBUS

Electromagnetic Conventional / single plane fluoroscopy

Biplane fluoroscopy Other (Specify) \_\_\_\_\_

*If Convex EBUS or Radial EBUS* → Based on the EBUS image, indicate the size of the lymph node or mass sampled at TBNA site 2 on the short axis\* \_\_\_\_\_

**Was on-site cytology performed on the specimen acquired at TBNA site 2?\*** Yes No

**Based on the CT scan, indicate the size of the lymph node or mass sampled at TBNA site 2:\***

1-10mm 11-20mm 21-30mm >30mm

**Based on the PET scan indicate if the lymph node targeted for TBNA site 2 was metabolically active (SUV ≥ 2.5):\***

Metabolically active Not metabolically active PET scan not performed

**Indicate needle gauge used for TBNA site 2:\*** 19 20 21 22

**Which of the following applied to the specimen obtained from TBNA site 2:\***

A specific diagnosis was made No specific diagnosis was made, lymphocytes present

No specific diagnosis was made, no lymphocytes present and target was a lymph node No specific diagnosis made and target was not a lymph node

**Procedure Performed- Transbronchial Needle Aspiration (TBNA) Site 3**

*(Skip this section if TBNA was not performed or if TBNA was performed at ONLY ONE or TWO site(s))*

**Third anatomical location where a unique combination of technology was used during the TBNA (TBNA site 3):\***

1; High mediastinal - above brachiocephalic vein 2R; Upper paratracheal - above aortic arch, but below brachiocephalic vein

2L; Upper paratracheal - above aortic arch, but below brachiocephalic vein 3; Prevascular or prevertebral

4R; Lower paratracheal - below upper margin of aortic arch to main bronchi 4L; Lower paratracheal - below upper margin of aortic arch to main bronchi

5; AP window nodes lateral to ligamentum arterosum 7; Subcarinal 10R; Hilar lymph nodes 10L; Hilar lymph nodes 11R; Interlobar

11L; Interlobar 12R; Lobar 12L; Lobar RUL; Apical segment / B1 for samples of nodules/masses

RUL; Posterior segment / B2 for samples of nodules/masses RUL; Anterior segment / B3 for samples of nodules/masses RUL; Segment not specified

RML; Lateral segment / B4 for samples of nodules/masses RML; Medial segment / B5 for samples of nodules/masses RML; Segment not specified

RLL; Superior segment / B6 for samples of nodules/masses RLL; Medial basal segment / B7 for samples of nodules/masses

RLL; Anterior basal segment / B8 for samples of nodules/masses RLL; Lateral basal segment / B9 for samples of nodules/masses

RLL; Posterior basal segment / B10 for samples of nodules/masses RLL; Segment not specified

LUL; Apical posterior segment / B1&2 for samples of nodules/masses LUL; Anterior segment / B3 for samples of nodules/masses

LUL; Segment not specified Lingula; Superior segment / B4 for samples of nodules/masses

Lingula; Inferior segment / B5 for samples of nodules/masses LLL; Superior segment / B6 for samples of nodules/masses

LLL; Anteromedial basal segment / B7&8 for samples of nodules/masses LLL; Lateral basal segment / B9 for samples of nodules/masses

LLL; Posterior basal segment/B10 for samples of nodules/masses LLL; Segment not specified Trachea for samples of nodules/masses

Carina for samples of nodules/masses Right main for samples of nodules/masses Bronchus intermedius for samples of nodules/masses

Left main for samples of nodules/masses Lobar for samples of nodules/masses

**Indicate number of passes made at TBNA site 3 (must be greater than 0):\*** \_\_\_\_\_

**Indicate the guidance used to perform the TBNA at site 3:\*** Blind or unguided Convex (linear) EBUS Radial EBUS

Electromagnetic Conventional / single plane fluoroscopy

Biplane fluoroscopy Other (Specify) \_\_\_\_\_

*If Convex EBUS or Radial EBUS* → Based on the EBUS image, indicate the size of the lymph node or mass sampled at TBNA site 3 on the short axis\* \_\_\_\_\_

**Was on-site cytology performed on the specimen acquired at TBNA site 3?\*** Yes No

**Based on the CT scan, indicate the size of the lymph node or mass sampled at TBNA site 3:\***

1-10mm 11-20mm 21-30mm >30mm

**Based on the PET scan indicate if the lymph node targeted for TBNA site 3 was metabolically active (SUV ≥ 2.5):\***

Metabolically active Not metabolically active PET scan not performed

**Indicate needle gauge used for TBNA site 3:\*** 19 20 21 22

**Which of the following applied to the specimen obtained from TBNA site 3:\***

A specific diagnosis was made No specific diagnosis was made, lymphocytes present

No specific diagnosis was made, no lymphocytes present and target was a lymph node No specific diagnosis made and target was not a lymph node

**If there are more than 3 sites where a unique combination of technology was used during the TBNA:**  
**SEE ATTACHMENT A**

**Procedure Performed-Endobronchial Forceps Biopsy Site 1**  
*(Skip this section if an endobronchial forceps biopsy was NOT performed)*

**First anatomical location where a specimen was acquired during the endobronchial forceps biopsy:\***

RUL; Apical segment / B1 RUL; Posterior segment / B2 RUL; Anterior segment / B3 RUL; Segment not specified RML; Lateral segment / B4

RML; Medial segment / B5 RML; Segment not specified RLL; Superior segment / B6 RLL; Medial basal segment / B7

RLL; Anterior basal segment / B8 RLL; Lateral basal segment / B9 RLL; Posterior basal segment / B10 RLL; Segment not specified

LUL; Apical posterior segment / B1 2 LUL; Anterior segment / B3 LUL; Segment not specified Lingula; Superior segment / B4

Lingula; Inferior segment / B5 LLL; Superior segment / B6 LLL; Anteromedial basal segment / B7 8 LLL; Lateral basal segment / B9

LLL; Posterior basal segment/B10 LLL; Segment not specified Trachea Carina Right main Bronchus intermedius Left main Lobar

**Was a diagnosis made at endobronchial forceps biopsy site 1?\*** Yes No

<b>Procedure Performed-Endobronchial Forceps Biopsy Site 2</b> <i>(Skip this section if an endobronchial forceps biopsy was NOT performed or if it was performed at ONLY ONE site)</i>
<b>Second anatomical location where a specimen was acquired during the endobronchial forceps biopsy:*</b> <input type="checkbox"/> RUL; Apical segment / B1 <input type="checkbox"/> RUL; Posterior segment / B2 <input type="checkbox"/> RUL; Anterior segment / B3 <input type="checkbox"/> RUL; Segment not specified <input type="checkbox"/> RML; Lateral segment / B4 <input type="checkbox"/> RML; Medial segment / B5 <input type="checkbox"/> RML; Segment not specified <input type="checkbox"/> RLL; Superior segment / B6 <input type="checkbox"/> RLL; Medial basal segment / B7 <input type="checkbox"/> RLL; Anterior basal segment / B8 <input type="checkbox"/> RLL; Lateral basal segment / B9 <input type="checkbox"/> RLL; Posterior basal segment / B10 <input type="checkbox"/> RLL; Segment not specified <input type="checkbox"/> LUL; Apical posterior segment / B1 2 <input type="checkbox"/> LUL; Anterior segment / B3 <input type="checkbox"/> LUL; Segment not specified <input type="checkbox"/> Lingula; Superior segment / B4 <input type="checkbox"/> Lingula; Inferior segment / B5 <input type="checkbox"/> LLL; Superior segment / B6 <input type="checkbox"/> LLL; Anteromedial basal segment / B7 8 <input type="checkbox"/> LLL; Lateral basal segment / B9 <input type="checkbox"/> LLL; Posterior basal segment/B10 <input type="checkbox"/> LLL; Segment not specified <input type="checkbox"/> Trachea <input type="checkbox"/> Carina <input type="checkbox"/> Right main <input type="checkbox"/> Bronchus intermedius <input type="checkbox"/> Left main <input type="checkbox"/> Lobar
<b>Was a diagnosis made at endobronchial forceps biopsy site 2?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Procedure Performed-Endobronchial Forceps Biopsy Site 3</b> <i>(Skip this section if an endobronchial forceps biopsy was NOT performed or if it was performed at ONLY ONE or TWO site(s))</i>
<b>Third anatomical location where a specimen was acquired during the endobronchial forceps biopsy:*</b> <input type="checkbox"/> RUL; Apical segment / B1 <input type="checkbox"/> RUL; Posterior segment / B2 <input type="checkbox"/> RUL; Anterior segment / B3 <input type="checkbox"/> RUL; Segment not specified <input type="checkbox"/> RML; Lateral segment / B4 <input type="checkbox"/> RML; Medial segment / B5 <input type="checkbox"/> RML; Segment not specified <input type="checkbox"/> RLL; Superior segment / B6 <input type="checkbox"/> RLL; Medial basal segment / B7 <input type="checkbox"/> RLL; Anterior basal segment / B8 <input type="checkbox"/> RLL; Lateral basal segment / B9 <input type="checkbox"/> RLL; Posterior basal segment / B10 <input type="checkbox"/> RLL; Segment not specified <input type="checkbox"/> LUL; Apical posterior segment / B1 2 <input type="checkbox"/> LUL; Anterior segment / B3 <input type="checkbox"/> LUL; Segment not specified <input type="checkbox"/> Lingula; Superior segment / B4 <input type="checkbox"/> Lingula; Inferior segment / B5 <input type="checkbox"/> LLL; Superior segment / B6 <input type="checkbox"/> LLL; Anteromedial basal segment / B7 8 <input type="checkbox"/> LLL; Lateral basal segment / B9 <input type="checkbox"/> LLL; Posterior basal segment/B10 <input type="checkbox"/> LLL; Segment not specified <input type="checkbox"/> Trachea <input type="checkbox"/> Carina <input type="checkbox"/> Right main <input type="checkbox"/> Bronchus intermedius <input type="checkbox"/> Left main <input type="checkbox"/> Lobar
<b>Was a diagnosis made at endobronchial forceps biopsy site 3?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Other Procedures Performed</b>	
<b>Was a procedure performed to obtain a diagnosis that is not listed above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes → specify _____</i> <i>If yes → Was a diagnosis made using this other specified diagnostic procedure?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Was autofluorescence used?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Indicate the total fluoro time for the procedure in seconds:*</b> _____	<b>Was narrow band imaging used?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Anesthesia</b>	
<b>Deepest level of anesthesia performed:*</b> <input type="checkbox"/> Local <input type="checkbox"/> Moderate <input type="checkbox"/> Deep <input type="checkbox"/> General	<b>Who administered the sedation to the patient?*</b> <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Bronchoscopist <input type="checkbox"/> Nurse <input type="checkbox"/> CRNA <input type="checkbox"/> Fellow <input type="checkbox"/> Other (specify) _____
<b>Was paralysis used?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was ventilation used?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes → Indicate method of ventilation:</i> <input type="checkbox"/> Volume cycled, pressure control, or pressure support <input type="checkbox"/> High frequency jet ventilation <input type="checkbox"/> Low frequency jet ventilation
<b>Indicate type of bronchoscope used:*</b> <input type="checkbox"/> Flexible <input type="checkbox"/> Rigid <input type="checkbox"/> Both flexible and rigid	<b>Indicate approach used:*</b> <input type="checkbox"/> Nasal <input type="checkbox"/> Oral <input type="checkbox"/> ETT <input type="checkbox"/> LMA <input type="checkbox"/> Tracheotomy tube

<b>Procedure Time</b> <i>(Use the 24-hour clock)</i>	
<b>Indicate the time of induction:*</b> _____	<b>Indicate time of scope insertion:*</b> _____
<b>Indicate time of scope removal:*</b> _____	<b>Indicate time patient was removed from the procedure room after the bronchoscopy:*</b> _____

<b>Complications within 24 Hours</b> <i>(Skip this section if complications did not occur within 24 hours of the procedure)</i> Indicate any complications that occurred within 24 hours of the procedure		
<b>Bleeding*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pneumothorax:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes → Indicate intervention for pneumothorax</i> <input type="checkbox"/> Aspiration <input type="checkbox"/> Chest Tube <input type="checkbox"/> Observation	
<b>Clinically Significant airway injury:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Refractory Hypoxia (&gt; 1 min, less than 90% saturation despite supplemental oxygen:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Unexpected Hypotension:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cardiac Arrest:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Arrhythmia:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes → Indicate type:</i> <input type="checkbox"/> AFib/Aflutter <input type="checkbox"/> V-Tach <input type="checkbox"/> V-Fib <input type="checkbox"/> Other (specify) _____
<b>Unexpected respiratory failure requiring intubation or ventilation:*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Indicate any adverse events that occurred as a result of the complication:*</b> <input type="checkbox"/> There were no adverse events associated with the complication <input type="checkbox"/> Extended hospitalization <input type="checkbox"/> Intervention to prevent permanent impairment or damage <input type="checkbox"/> Life-threatening condition <input type="checkbox"/> Disability <input type="checkbox"/> Death		
<b>Can you attribute the complication to any portion of the procedure:*</b> <input type="checkbox"/> Ablative therapy <input type="checkbox"/> Ventilation <input type="checkbox"/> Anesthesia <input type="checkbox"/> Stent placement <input type="checkbox"/> Stent removal <input type="checkbox"/> Patient host factor <input type="checkbox"/> Sampling <input type="checkbox"/> Intubation <input type="checkbox"/> Valve removal <input type="checkbox"/> Valve placement <input type="checkbox"/> Other (specify) _____		<b>Was the complication resolved?*</b> <input type="checkbox"/> Yes, the complication was stabilized <input type="checkbox"/> Yes, the complication was reversed <input type="checkbox"/> No, the complication was not resolved

<b>Level of Care</b>	
<b>Did an unexpected increase in the level of care occur as a result of the procedure? *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes → Indicate reason for unexpected increase in the level of care*</i> <input type="checkbox"/> Complication <input type="checkbox"/> Additional diagnostic or treatment procedure required <input type="checkbox"/> Other (specify) _____	
<b>Level of care pre-procedure:</b> <input type="checkbox"/> Outpatient <input type="checkbox"/> Floor <input type="checkbox"/> Step-down unit <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Emergency department	<b>Level of care post-procedure:</b> <input type="checkbox"/> Outpatient <input type="checkbox"/> Floor <input type="checkbox"/> Step-down unit <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Emergency department <input type="checkbox"/> Patient expired

<b>Diagnosis Made</b> <i>(Skip this section if a diagnosis was not made)</i>
<b>Indicate the primary bronchoscopic diagnosis made:*</b> <input type="checkbox"/> Non small cell lung cancer – squamous <input type="checkbox"/> Non small cell lung cancer – adenocarcinoma <input type="checkbox"/> Non small cell lung cancer - non specified (undifferentiated) <input type="checkbox"/> Small cell lung cancer <input type="checkbox"/> Metastatic to the lung originating from a solid tumor <input type="checkbox"/> Metastatic to the lung from a hematological origin <input type="checkbox"/> Carcinoid tumor of the lung <input type="checkbox"/> Other lung primary <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> ILD - Usual Interstitial Pneumonia (UIP) <input type="checkbox"/> ILD - Nonspecific Interstitial Pneumonia (NIP) <input type="checkbox"/> ILD - Desquamative Interstitial Pneumonia (DIP) <input type="checkbox"/> ILD - Hypersensitivity Pneumonitis (HSP) <input type="checkbox"/> Bronchiolitis obliterans organizing pneumonia <input type="checkbox"/> ILD – Other <input type="checkbox"/> Transplant rejection (grade 1) <input type="checkbox"/> Transplant rejection (grade 2) <input type="checkbox"/> Transplant rejection (grade 3) <input type="checkbox"/> Transplant rejection (grade 4) <input type="checkbox"/> Infection TB <input type="checkbox"/> Infection MAI <input type="checkbox"/> Infection other mycobacteria <input type="checkbox"/> Infection cryptococcal pneumonia <input type="checkbox"/> Infection fungal aspergillus <input type="checkbox"/> Infection fungal histoplasmosis <input type="checkbox"/> Infection fungal other <input type="checkbox"/> Infection bacterial <input type="checkbox"/> Infection viral CMV <input type="checkbox"/> Infection viral other <input type="checkbox"/> Tracheobroncho malacia <input type="checkbox"/> Other (specify) _____

<b>Diagnosis Not Made</b>
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*(Skip this section if a diagnosis was made)*

**If the bronchoscopic procedure did not yield a diagnosis, was clinically relevant material (tissue assisted in diagnosis and/or management) obtained?\***  Yes  No

**If the bronchoscopic procedure did not yield a diagnosis, was a final diagnosis made, by other diagnostic methods?\***  
 Yes  No  Unknown

*If yes* → Indicate procedure utilized to obtain the diagnosis:  Transthoracic needle aspiration  VATS or Thoracotomy  
 Mediastinoscopy (including chamberlain procedures)  Repeat bronchoscopy  
 Radiographic surveillance Other (specify) \_\_\_\_\_

*If yes* → Indicate the final primary diagnosis:  Non small cell lung cancer – squamous  Non small cell lung cancer – adenocarcinoma  
 Non small cell lung cancer - non specified (undifferentiated)  Small cell lung cancer  
 Metastatic to the lung originating from a solid tumor  Metastatic to the lung from a hematological origin  
 Carcinoid tumor of the lung  Other lung primary  Sarcoidosis  
 ILD - Usual Interstitial Pneumonia (UIP)  ILD - Nonspecific Interstitial Pneumonia (NIP)  
 ILD - Desquamative Interstitial Pneumonia (DIP)  ILD - Hypersensitivity Pneumonitis (HSP)  
 Bronchiolitis obliterans organizing pneumonia  ILD – Other  Transplant rejection (grade 1)  
 Transplant rejection (grade 2)  Transplant rejection (grade 3)  Transplant rejection (grade 4)  
 Infection TB  Infection MAI  Infection other mycobacteria  Infection cryptococcal pneumonia  
 Infection fungal aspergillus  Infection fungal histoplasmosis  Infection fungal other  
 Infection bacterial  Infection viral CMV  Infection viral other  Tracheobroncho malacia  
 Other (specify) \_\_\_\_\_