

NAME OF THE HOSPITAL: _____

5). Obscure GI Bleed: M14V1.13

1. Name of the Procedure: Obscure GI Bleed
2. Indication: GI bleeding
3. Did the patient present with Hematemesis/ Malena/ Maroon stools/ Stool occult blood/ Iron deficiency anemia: Yes/No
4. If the answer to question 3 is Yes is there evidence of bleeding in upper or lower GI endoscopy/ Capsule Endoscopy/ Enteroscopy/ BMFT/ CT Enterography: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of Perforation: Yes/No

For Eligibility for Obscure GI Bleed (for invasive intervention) the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
