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## Lapco GAS Form - for a case already submitted to NBOCAP

## PATIENT

P1 Patient NHS number <input type="text"/>	P2 Initials <input type="text"/>	P3 DOB mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>	P4 Gender <input type="radio"/> male <input type="radio"/> female
P5 Operating date mm <input type="text"/> dd <input type="text"/> yyyy <input type="text"/>			

## SURGICAL ACCESS

S1 Open/Laparoscopic <input type="radio"/> Open <input type="radio"/> Laparoscopic <input type="radio"/> Laparoscopic converted to open	S2 Reason for conversion <input type="checkbox"/> N/A <input type="checkbox"/> Equipment problems <input type="checkbox"/> Bleeding <input type="checkbox"/> Exposure/Anatomy <input type="checkbox"/> Bowel perforation
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