

**WIHS MEDICAL RECORD ABSTRACTION FORM  
CYTOLOGY/PATHOLOGY/BIOPSY**

**FORM CA4  
FORM VERSION 04/15/96**

RECORD NUMBER:  
|\_|\_|\_|\_|\_|\_|\_|\_|

WIHS ID NUMBER:  
|\_|-|\_|\_|\_|-|\_|\_|\_|\_|\_|-|\_|\_|

SEQUENCE  
FORM # \_\_\_ OF \_\_\_

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
M          D          Y

ABSTRACTOR'S INITIALS:  
|\_|\_|\_|\_|

A1. Date of abstraction  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
M          D          Y

A2. a. Event Code: |\_|\_|\_|          b. Event Code: |\_|\_|\_|

A3. Are the cytology/pathology/biopsy results available?  
Yes .....1  
No.....2 (END)

**B. CYTOLOGY/PATHOLOGY/BIOPSY**

B1. Date performed  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
M          D          Y

B2. Specimen source code |\_|\_|\_| a. (If 99, Specify) \_\_\_\_\_

**Source Codes:**

<b>01 Abscess</b>	<b>09 Oral</b>	<b>17 Lymph Node Aspirate</b>
<b>02 BAL Fluid</b>	<b>10 Esophageal</b>	<b>18 Pleural Fluid</b>
<b>03 Blood</b>	<b>11 Stomach/Gastric</b>	<b>19 Skin Lesions, other than Abscess</b>
<b>04 Brain</b>	<b>12 Colon/Intestine</b>	<b>20 Sputum</b>
<b>05 Breast</b>	<b>13 Rectal/Anus</b>	<b>21 Stool</b>
<b>05 Cervix</b>	<b>14 IV/Central Catheter</b>	<b>22 Urine</b>
<b>07 CSF</b>	<b>15 Liver</b>	<b>23 Uterus</b>
<b>08 Gall Bladder Aspirate</b>	<b>16 Lung</b>	<b>99 Other source</b>

B3. Diagnostic Findings  
a.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_