

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

**FORM CA4
FORM VERSION 09/01/96**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE

FORM # ____ OF ____

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

____ / ____ / ____
M D Y

ABSTRACTOR'S INITIALS:

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A1. Date of abstraction

____ / ____ / ____
M D Y

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

b. Event Code: |_|_|_|_|

A3. Are the cytology/pathology/biopsy results available?

Yes1
No.....2 (END)

B. CYTOLOGY/PATHOLOGY/BIOPSY

B1. Date performed

____ / ____ / ____
M D Y

B2. Specimen source code |_|_|_|

a. (If 99, Specify) _____

Source Codes:

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

B3. Diagnostic Findings

a.
