

**WOMEN'S INTERAGENCY HIV STUDY  
LABORATORY – PELVIC EXAM STUDIES, HISTOPATHOLOGY REPORT  
FORM L15**

ID LABEL  -  -  -  VISIT #: \_\_\_\_\_ FORM COMPLETED BY: \_\_\_\_\_  
HERE --->

VERSION DATE: 04/01/99

A1. BIOPSY # \_\_\_\_\_ OUT OF \_\_\_\_\_  
\_\_\_\_\_ (TOTAL # OF BIOPSIES)

A2. DATE SAMPLE TAKEN:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

- A3. BIOPSY TYPE (circle one):
- Endocervical Curettage ..... 1
  - Colposcopically Directed Punch  
Biopsy of cervix..... 2 (a)
  - a. Punch biopsy location:  
     o'clock  
    (round to nearest o'clock)
  - Cervical Excisional Biopsy..... 3
  - Loop Excision of Transformation  
    Zone (LLETZ, LETZ, LEEP)... 4
  - Cervical Cone Biopsy..... 5
  - Vaginal ..... 6
  - Vulvar..... 7
  - Perianal..... 8
  - Anal ..... 9
  - Endometrial..... 10
  - Other..... 11

\_\_\_\_\_  
SPECIFY

- A4. SPECIMEN ADEQUACY:
- Satisfactory ..... 1
  - Limited, specimen evaluated ..... 2
  - Unsatisfactory, specimen not  
    evaluated ..... 3 (END)

A5. BIOPSY RESULT: YES NO  
Normal ..... 1 (A9) 2

A6. ABNORMALITY:  
Circle yes (i.e. present) or no (i.e. absent) for each  
of the following findings that apply:

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Acute cervicitis/inflammation.....                       | 1          | 2         |
| b. Chronic cervicitis/inflammation ..                       | 1          | 2         |
| c. Follicular cervicitis .....                              | 1          | 2         |
| d. Hyperkaratosis.....                                      | 1          | 2         |
| e. Parakeratosis.....                                       | 1          | 2         |
| f. Atrophy .....  | 1          | 2         |
| g. Tubal metaplasia .....                                   | 1          | 2         |
| h. Herpes .....   | 1          | 2         |
| i. TB .....   | 1          | 2         |
| j. Actinomycosis.....                                       | 1          | 2         |
| k. Squamous papilloma.....                                  | 1          | 2         |
| l. Squamous metaplasia.....                                 | 1          | 2         |
| m. Transitional metaplasia .....                            | 1          | 2         |
| n. Reactive changes.....                                    | 1          | 2         |
| o. Squamous atypia .....                                    | 1          | 2         |
| p. Atypical squamous metaplasia ....                        | 1          | 2         |
| q. Low grade SIL/low grade (C)IN ..                         | 2 (r)      |           |
| i. Condyloma acuminatum.....                                | 1          | 2         |
| ii. Flat condyloma (HPV effect<br>only, koilocytosis) ..... | 1          | 2         |
| iii. (C)IN 1, mild dysplasia ..                             | 1          | 2         |
| r. High grade SIL/ high grade (C)IN1                        | 2 (s)      |           |
| i. (C)IN 2, moderate dysplasia.                             | 1          | 2         |
| ii. (C)IN 3, severe dysplasia/<br>carcinoma in situ .....   | 1          | 2         |
| s. SIL/(C)IN/dysplasia, not<br>otherwise specified.....     | 1          | 2         |
| t. Squamous cell carcinoma .....                            | 1          | 2         |
| u. Endocervical polyp .....                                 | 1          | 2         |
| v. Glandular atypia .....                                   | 1          | 2         |
| w. Atypical glandular hyperplasia ...                       | 1          | 2         |
| x. Adenocarcinoma in situ .....                             | 1          | 2         |
| y. Adenocarcinoma .....                                     | 1          | 2         |

WIHS ID#:

z. Other .....	1	2
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A7. PREDOMINANT GRADE (circle one):

- Does not apply .....1
- Condyloma acuminatum .....2
- Flat condyloma (HPV effect only) .....3
- (C)IN 1, mild dysplasia .....4
- (C)IN 2, moderate dysplasia .....5
- (C)IN 3, severe dysplasia/carcinoma in situ .....6

A8. EVALUATION OF EXCISIONAL BIOPSY MARGINS:

- Margins not evaluated /  
excisional biopsy not performed.. 1 (A9)
- Margins negative ..... 2 (A9)
- Margins positive ..... 3

ES NO

- a. Ectocervical positive..... 1 2
- b. Endocervical positive ..... 1 2

A9. HOW WAS THIS BIOPSY INFORMATION OBTAINED?  
(Circle yes or no for each source)

YES NO

- a. Site pathologist..... 1 2
- b. Chart abstraction of path report 1 2
- c. Direct contact with provider ..... 1 2
- d. Patient history ..... 1 2
- e. Other ..... 1 2

A10. a. \_\_\_\_\_  
ACCESSION NUMBER

b. \_\_\_\_\_  
SLIDE NUMBER

c. \_\_\_\_\_  
PATHOLOGIST'S NAME

d. \_\_\_\_\_  
INSTITUTION (name or number)

e. ADDRESS:

\_\_\_\_\_

Y

\_\_\_\_\_

\_\_\_\_\_

NOTE: USE ADDITIONAL BIOPSY FORMS IF MORE THAN ONE BIOPSY DONE