

WIHS ID #

A4. SPECIMEN ADEQUACY:

Satisfactory.....1
Limited, specimen evaluated.....2

(SPECIFY)

Unsatisfactory, specimen not evaluated.....3 (END)

(SPECIFY)

A5. BIOPSY RESULT:

YES NO

Normal1 (END) 2

A6. ABNORMALITY (infectious/non-HPV):

CIRCLE YES/PRESENT OR NO/ABSENT FOR EACH OF THE FOLLOWING FINDINGS:

	<u>YES</u>	<u>NO</u>
a. Inflammation (acute).....	1	2
b. Inflammation (chronic).....	1	2
c. Inflammation (unspecified).....	1	2
d. Other.....	1	2

(SPECIFY)

A7. EPITHELIAL ABNORMALITY (HPV, dysplasia, neoplasia):

CIRCLE YES/PRESENT OR NO/ABSENT FOR EACH OF THE FOLLOWING FINDINGS:

	<u>YES</u>	<u>NO</u>
a. Exophytic condyloma or condyloma acuminatum.....	1	2
b. Flat condyloma or wart.....	1	2
c. Koilocytes (koilocytotic atypia)/HPV effect.....	1	2
d. Mild dysplasia.....	1	2
e. Moderate dysplasia.....	1	2
f. Severe dysplasia/ carcinoma in situ.....	1	2
g. Dysplasia, not otherwise specified.....	1	2
h. Squamous Carcinoma microinvasive (≤ 3 mm stromal invasion).....	1	2
i. Squamous Carcinoma invasive (>3 mm stromal invasion).....	1	2
j. Squamous Carcinoma, depth of invasion not specified.....	1	2
k. Adenocarcinoma in situ.....	1	2
l. Adenocarcinoma.....	1	2
m. Other abnormality.....	1	2

(SPECIFY)

YES NO

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A8. Excisional biopsy margins evaluated for the biopsy being reported..... 1 2 (A9)

a.) Ectocervical:

positive 1
negative 2
not done..... 3

b.) Endocervical:

positive 1
negative 2
not done..... 3

c.) Other:

positive 1 (i)
negative 2 (i)
not done..... 3 (A9)

i) _____
(SPECIFY)

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

	<u>YES</u>	<u>NO</u>
a. Study personnel	1	2
b. Chart abstraction	1	2
c. Direct contact with provider.....	1	2
d. Patient history	1	2
e. Other.....	1	2

(SPECIFY)

A10. a. ACCESSION NUMBER: _____

b. SLIDE NUMBER: _____

c. PATHOLOGIST'S NAME: _____

d. INSTITUTION (NAME OR NUMBER):

(ADDRESS)

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