

**LABORATORY - PELVIC EXAM STUDIES
HISTOPATHOLOGY REPORT**

FORM L15

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

VERSION DATE: 09/15/95

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. BIOPSY # ____ OUT OF ____ (TOTAL # OF BIOPSIES)

A2. DATE SAMPLE TAKEN _____ / _____ / _____
M D Y

A3. BIOPSY TYPE (**CIRCLE ONE**):

Endocervical Curettage 1 (A4)
Colposcopically Directed Punch Biopsy..... 2 (a)

a. Punch Biopsy Location: |_|_| o'clock (round to nearest o'clock). (A4)

Cervical Excisional Biopsy 3 (b)

b. Cervical Excisional Biopsy Location: |_|_| to |_|_| o'clock (A4)

Loop Excision of Transformation Zone (LLETZ, LETZ, LEEP)..... 4 (c)

YES NO

c. ectocervical passes..... 1 (i) 2 (A4)

i. pass number |_| of |_| passes (aa)

aa.) Description:

anterior 1 (A4)

posterior..... 2 (A4)

central 3 (A4)

other..... 4 (A4)

(SPECIFY)

Cervical Cone Biopsy..... 5 (d)

d. Laser 1 (A4)

Cold Knife 2 (A4)

Loop 3 (i)

WIHS ID #

[Empty box for WIHS ID #]

YES NO

i. ectocervical passes 1 **(ii)** 2 **(iii)**

ii. pass number [] of [] passes **(aa)**

aa.) Description:

- anterior 1 **(iii)**
- posterior..... 2 **(iii)**
- central 3 **(iii)**
- other..... 4 **(iii)**

(SPECIFY)

iii. endocervical core 1 2 **(A4)**

- Vaginal 6 **(A4)**
- Vulvar..... 7 **(A4)**
- Perianal..... 8 **(A4)**
- Anal 9 **(A4)**
- Endometrial 10 **(A4)**
- Other..... 11 **(A4)**

(SPECIFY)

A4. SPECIMEN ADEQUACY:

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

(SPECIFY)

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

(SPECIFY)

A5. BIOPSY RESULT:

YES

NO

Normal 1 **(A9)**

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)

	<u>YES</u>	<u>NO</u>
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)

WIHS ID #

**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!!