





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!!**