

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

ID LABEL HERE ---> |_|-|_|-|_|-|_|-|_|

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: 04/01/03

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 **(A8)** 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	1	2 (r)
i. Condyloma acuminatum	1	2
ii. Flat condyloma (HPV effect only, koilocytosis)	1	2
iii. (C)IN 1, mild dysplasia	1	2
r. High grade SIL/ high grade (C)IN	1	2 (s)
i. (C)IN 2, moderate dysplasia	1	2
ii. (C)IN 3, severe dysplasia/ carcinoma in situ	1	2
s. SIL/(C)IN/dysplasia, not 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
z. Other	1	2 (A7)

_____ (SPECIFY)

WIHS ID#:

A7. EVALUATION OF EXCISIONAL BIOPSY MARGINS:

Margins not evaluated /
excisional biopsy not performed . . . 1 **(A8)**
Margins negative 2 **(A8)**
Margins positive 3

	<u>YES</u>	<u>NO</u>
a. Ectocervical positive	1	2
b. Endocervical positive	1	2

A8. HOW WAS THIS BIOPSY INFORMATION OBTAINED?

(Circle yes or no for each source)

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

A9. a. _____
ACCESSION NUMBER

b. _____
SLIDE NUMBER

c. _____
PATHOLOGIST'S NAME

d. _____
INSTITUTION (name or number)

e. ADDRESS:

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