

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

ID LABEL
HERE --->

--	--	--	--	--	--	--	--	--	--

VISIT #: _____ FORM COMPLETED BY: _____

VERSION DATE: 10/01/07

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. Endometrial hyperplasia | 1 | 2 |

WIHS ID#:

aa. Other abnormality 1 2 (A7)

(SPECIFY)

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