

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

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 NORMAL:
- YES 1 (**A8**)
 - NO 2

A6. ABNORMALITY:

Circle "YES" (i.e., present) or "NO" (i.e., absent) for each of the following findings that apply.

- 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
- aa. Other abnormality 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 WAS PERFORMED.