

**WOMEN'S INTERAGENCY HIV STUDY
QUALITY CONTROL SHEET
CENTRAL REVIEW OF SURGICAL SPECIMENS**

FORM COMPLETED BY: _____

DATE OF REVIEW: ____ / ____ / ____

ID LABEL HERE --->

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VISIT #: ____ ____

VERSION DATE: 10/01/00

A1. ACCESSION #: _____

A2. HOSPITAL: _____

A3. DATE OF ACCESSION: ____ / ____ / ____

A4. SLIDE #(s): _____

A5. SPECIMEN ADEQUACY:

Satisfactory 1

Limited, specimen evaluated 2

B1. SPECIMEN TYPE (enter code from box below): _____

a. SPECIFY (if code in B1 = 99): _____

01 = adrenal	16 = lung	30 = skin
02 = anus	17 = lymph node	31 = small bowel
03 = appendix	18 = mediastinum (NOS)	32 = soft tissue
04 = bone marrow	19 = mouth	33 = spinal cord
05 = brain	20 = ovary	34 = spleen
06 = breast	21 = pancreas	35 = stomach
07 = cervix	22 = parathyroid	36 = thyroid
08 = colon	23 = pituitary	37 = tonsils/adenoid
09 = esophagus	24 = retroperitoneum (NOS)	38 = ureter
10 = fallopian tube	25 = rectum	39 = urinary bladder
11 = gall bladder	26 = salivary gland	40 = uterus
12 = head and neck	27 = serous body cavity	41 = vagina
13 = heart	28 = sinus	42 = vulva
14 = kidney	29 = skeletal system	99 = other (SPECIFY)
15 = liver		

WIHS ID#:

B2. DIAGNOSIS CODE (enter codes from box below into B2a and B2b)

01 = benign tumor (SPECIFY)	09 = Kaposi's sarcoma
02 = carcinoma (NOS)	10 = leukemia (SPECIFY)
03 = adenocarcinoma	11 = non-Hodgkin's lymphoma (SPECIFY)
04 = squamous cell	12 = reactive process (NOS)
05 = small cell carcinoma	13 = typical (SPECIFY)
06 = large cell carcinoma	14 = atypical (SPECIFY)
07 = Hodgkin's disease	15 = sarcoma (SPECIFY)
08 = infectious process (SPECIFY)	99 = other (SPECIFY)

- a. ORIGINAL DIAGNOSIS (enter code): _____
- i. SPECIFY (if code in B2a = 01, 08, 10, 11, 13, 14, 15 or 99): _____
- b. REVIEW DIAGNOSIS (enter code): _____
- i. SPECIFY (if code in B2b = 01, 08, 10, 11, 13, 14, 15 or 99): _____

B3. DOES REVIEW DIAGNOSIS AGREE WITH ORIGINAL DIAGNOSIS?

- YES 1
- NO 2

B4. COMMENTS (e.g., unusual features):
