



Core Histopathology - Hematoxylin & Eosin Results CRF

Information			
CHAIN ID (Write CHAIN ID #. Affix barcode if available)	[3] [0] [0] [0] [1] [] [] []		
Specimen Kit ID # (Write Specimen Kit ID #. Affix barcode if available)	MC- 0 _ _ _		
Date slides read	_ / _ / _ DD / MM / YYYY	Time slides read	_ : _ 24 hour

Liver Tissue						
Slide 05-J1	# cores present: _____ # cores with target tissue: _____ Other tissues present: _____					
Autolysis	<input type="checkbox"/> Present <input type="checkbox"/> Not present If present, rate grade of autolysis: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe					
Tissue Processing	<input type="checkbox"/> Inadequate <input type="checkbox"/> Adequate If inadequate, check reason: <input type="checkbox"/> Fixation <input type="checkbox"/> Sectioning <input type="checkbox"/> Staining					
Findings						
Granulomas	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Necrosis	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Portal Inflammation	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Fibrosis	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Sinusoidal Inflammation	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Cholestasis	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Steatosis	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Congestion	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Pigment in portal macrophages	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Pigment in Kupffer cells	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse

Diagnosis			
Diagnosis unremarkable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extramedullary hematopoiesis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steatosis (large droplet, small droplet)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neonatal hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Granulomas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinusoidal leukocytosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paucity of bile ducts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sepsis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fibrosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cholestasis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Past malaria	<input type="checkbox"/> Yes <input type="checkbox"/> No
Viral hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active malaria	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No If other diagnosis, please specify: _____		
Lesions			
Other lesions in liver	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____		
Lesions in organs other than liver	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____		
Additional comments	_____ _____		

Right Lung Tissue	
Slide 07-J1	# cores present: _____ # cores with target tissue: _____ Other tissues present: _____
Autolysis	<input type="checkbox"/> Present <input type="checkbox"/> Not present If present, rate grade of autolysis: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Tissue Processing	<input type="checkbox"/> Inadequate <input type="checkbox"/> Adequate If inadequate, check reason: <input type="checkbox"/> Fixation <input type="checkbox"/> Sectioning <input type="checkbox"/> Staining
Findings	
Neutrophilic infiltrate in alveoli	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Aspirated material	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Intra-alveolar proteinaceous material	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Hyaline membranes	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Interstitial inflammation	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Viral cytopathic effect	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Intra-alveolar hemosiderosis	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Necrosis	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Fungi	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse

Findings (continued)						
Edema	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Necrotizing granulomas	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Non-necrotizing granulomas	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Fibrin	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Increased alveolar macrophages	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Intra-alveolar hemorrhage	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Squames	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Meconium balls	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Additional Staining	<input type="checkbox"/> Performed <input type="checkbox"/> Not performed Additional findings, if applicable: _____					
Diagnosis						
Diagnosis unremarkable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Viral pneumonia		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bacterial pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fungal pneumonia		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interstitial pneumonitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aspiration pneumonia		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyaline membrane disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Granulomas, necrotizing		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diffuse alveolar damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Granulomas, non-necrotizing		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bronchopneumonia without infectious agents identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Findings compatible with intrauterine fetal stress		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No If other diagnosis, please specify: _____					
Lesions						
Other lesions in lung	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____					
Lesions in organs other than lung	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____					
Additional comments	_____ _____					

Left Lung Tissue	
Slide 08-J1	# cores present: _____ # cores with target tissue: _____ Other tissues present: _____
Autolysis	<input type="checkbox"/> Present <input type="checkbox"/> Not present If present, rate grade of autolysis: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Tissue Processing	<input type="checkbox"/> Inadequate <input type="checkbox"/> Adequate If inadequate, check reason: <input type="checkbox"/> Fixation <input type="checkbox"/> Sectioning <input type="checkbox"/> Staining

Findings						
Neutrophilic infiltrate in alveoli	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Aspirated material	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Intra-alveolar proteinaceous material	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Hyaline membranes	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Interstitial inflammation	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Intra-alveolar hemosiderosis	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Viral cytopathic effect	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Necrosis	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Fungi	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Edema	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Necrotizing granulomas	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Fibrin	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Non-necrotizing granulomas	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Increased alveolar macrophages	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Intra-alveolar hemorrhage	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Squames	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Meconium balls	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod.	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Additional Staining	<input type="checkbox"/> Performed <input type="checkbox"/> Not performed Additional findings, if applicable: _____					

Diagnosis			
Diagnosis unremarkable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Viral pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No
Bacterial pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fungal pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No
Interstitial pneumonitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aspiration pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No
Hyaline membrane disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Granulomas, necrotizing <input type="checkbox"/> Yes <input type="checkbox"/> No
Diffuse alveolar damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Granulomas, non-necrotizing <input type="checkbox"/> Yes <input type="checkbox"/> No
Bronchopneumonia without infectious agents identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Findings compatible with intrauterine fetal stress <input type="checkbox"/> Yes <input type="checkbox"/> No
Other diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No If other diagnosis, please specify: _____		

Lesions	
Other lesions in lung	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
Lesions in organs other than lung	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
Additional comments	_____ _____

Heart Tissue	
Slide 08-J1	# cores present: _____ # cores with target tissue: _____ Other tissues present: _____
Autolysis	<input type="checkbox"/> Present <input type="checkbox"/> Not present If present, rate grade of autolysis: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Tissue Processing	<input type="checkbox"/> Inadequate <input type="checkbox"/> Adequate If inadequate, check reason: <input type="checkbox"/> Fixation <input type="checkbox"/> Sectioning <input type="checkbox"/> Staining
Findings	
Neutrophilic infiltrate	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Necrosis	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Lymphocytic infiltrate	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Fungi	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Histiocytic infiltrate	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Granulomas	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Eosinophilic infiltrate	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Parasites	<input type="checkbox"/> No <input type="checkbox"/> Mild <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Mod. <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse <input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Additional Staining	<input type="checkbox"/> Performed What Stain? _____ <input type="checkbox"/> Not performed Additional findings, if applicable: _____

Diagnosis			
Diagnosis unremarkable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Endocarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neutrophilic myocarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pericarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lymphocytic myocarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Granulomas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eosinophilic myocarditis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parasites	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No If other diagnosis, please specify: _____		

Diagnosis			
Diagnosis unremarkable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Granulomas, necrotizing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neutrophilic meningitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Granulomas, non-necrotizing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lymphocytic meningitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fungal lesions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningoencephalitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Granulomas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perivascular inflammation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vasculitis, thrombosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Viral encephalitis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No If other diagnosis, please specify: _____		
Lesions			
Other lesions in CNS	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____		
Lesions in organs other than CNS	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____		
Additional comments	_____ _____		

Abdominal Tissues	
<i>All abdominal tissues should be read from Slide 06-J1 except for liver. Liver tissue should be recorded in the liver section above.</i>	
Number of cores present: _____	
Pancreas <input type="checkbox"/> Available <input type="checkbox"/> Not available	# cores with target tissue: _____ Findings: _____ _____
Kidney <input type="checkbox"/> Available <input type="checkbox"/> Not available	# cores with target tissue: _____ Findings: _____ _____
Spleen <input type="checkbox"/> Available <input type="checkbox"/> Not available	# cores with target tissue: _____ Findings: _____ _____
Small intestine <input type="checkbox"/> Available <input type="checkbox"/> Not available	# cores with target tissue: _____ Findings: _____ _____
Large intestine <input type="checkbox"/> Available <input type="checkbox"/> Not available	# cores with target tissue: _____ Findings: _____ _____
Other (specify): _____ <input type="checkbox"/> Available <input type="checkbox"/> Not available	# cores with target tissue: _____ Findings: _____ _____
Additional comments	_____ _____

Bone Marrow Tissue					
Slide 11-J1	<input type="checkbox"/> Available <input type="checkbox"/> Unavailable				
	# cores present: _____	Other tissues present: _____			
Autolysis	<input type="checkbox"/> Present <input type="checkbox"/> Not present				
	If present, rate grade of autolysis: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				
Tissue Processing	<input type="checkbox"/> Inadequate <input type="checkbox"/> Adequate				
	If inadequate, check reason: <input type="checkbox"/> Fixation <input type="checkbox"/> Sectioning <input type="checkbox"/> Staining				
Findings					
Cellularity	<input type="checkbox"/> Normal <input type="checkbox"/> Low	Hemopoiesis	<input type="checkbox"/> Normal	Neoplastic infiltrate	<input type="checkbox"/> None
	<input type="checkbox"/> Hypercellular		<input type="checkbox"/> Abnormal		<input type="checkbox"/> Present
Necrotizing granulomas	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Non-necrotizing granulomas	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Fungi	<input type="checkbox"/> No	<input type="checkbox"/> Mild	<input type="checkbox"/> Focal <input type="checkbox"/> Diffuse	<input type="checkbox"/> Mod. <input type="checkbox"/> Diffuse	<input type="checkbox"/> Severe <input type="checkbox"/> Focal <input type="checkbox"/> Diffuse
Additional Staining	<input type="checkbox"/> Performed <input type="checkbox"/> Not performed				
	Additional findings, if applicable: _____				
Diagnosis					
Diagnosis unremarkable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Granulomas, necrotizing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Perivascular inflammation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Granulomas, non-necrotizing		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fungal lesions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other infective agents		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parasites	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other diagnosis		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If other diagnosis, please specify: _____					
Lesions					
Other lesions in Bone Marrow	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please specify: _____				
Additional comments	_____				

Other Tissues		
<i>Fill in the following blanks next to "Slide ID" with the corresponding IDs written on each slide.</i>		
Slide ID: _____ <input type="checkbox"/> Skin <input type="checkbox"/> N/A	# cores present: _____	Other tissues present: _____
	# cores with target tissue: _____	_____
Findings: _____		
Slide ID: _____ <input type="checkbox"/> Lymph <input type="checkbox"/> N/A	# cores present: _____	Other tissues present: _____
	# cores with target tissue: _____	_____
Findings: _____		
Additional comments	_____	

Case Findings	
Name of pathologist	_____
Major findings for case	_____ _____ _____

Document History		
Version	Changes	Date
V.1 Histopathology - H&E Results CRF	Original Version	15-Oct-18
V.2 Histopathology - H&E Results CRF	Added 'moderate' option for all findings	5-May-19