

UTERINE FIBROID STUDY



PATHOLOGY FORM
Data For Each Uterus

ID#: UFS _____ Medical Record # _____
Date: / /
MO DY YR

FOR OFFICE USE ONLY

1. Pathologist: _____

2. Surgical Procedure (circle):

hysterectomy₍₁₎ myomectomy₍₂₎ hysteroscopic resection₍₃₎

Uterus

3. Size:

Length _____ cm x AP _____ cm x width _____ cm

4. Position: Anteverted ₍₁₎ _____ Retroverted ₍₂₎ _____

5. Fibroids: Yes₍₁₎ No₍₂₎

6. Number of fibroids: ≥ 2 cm _____

7. < 2 cm _____

8. Total Submucosal _____

9. Number of fibroids sampled for tissue collection (circle):

0 1 2 3 4 5 6

Number of normal tissue segments collected:

10. Transmural frozen 1 2 3

11. fixed 1 2 3

12. Intramural frozen 1 2 3

13. fixed 1 2 3

14. Other uterine pathology?: YES₍₁₎ NO₍₂₎

If yes, please describe: _____

15. Notes: Yes₍₁₎ No₍₂₎

PATHOLOGY FORM: Data for each Fibroid

16. Fibroid #: 1 (give each fibroid a number starting with largest as "1")

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

	(a)	(b)	(c)	(d)	(e)
<input style="width: 30px; height: 20px;" type="checkbox"/>	submucosal ₍₁₎	fundus ₍₁₎	anterior ₍₁₎	right ₍₁₎	pedunculated ₍₁₎
	Intramural ₍₂₎	corpus ₍₂₎	posterior ₍₂₎	left ₍₂₎	not pedunculated ₍₂₎
	Subserosal ₍₃₎	lower seg ₍₃₎			
		cervix ₍₄₎			

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19. Size: _____

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20. Calcification (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

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21. Necrosis (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

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22. Hemorrhage (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

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23. Homogeneity of muscle tissue (circle) : yes₍₁₎ no₍₂₎ (specify: _____)

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Number of samples collected from tumor (circle):

24. Frozen ----- 1 2 3 4 5 6

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25. Fixed ----- 1 2 3 4 5 6

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Number of samples collected from nearby normal tissue (circle):

26. Endometrial frozen ----- 0 1

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27. fixed ----- 0 1

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28. Intramural frozen ----- 0 1

--

29. fixed ----- 0 1

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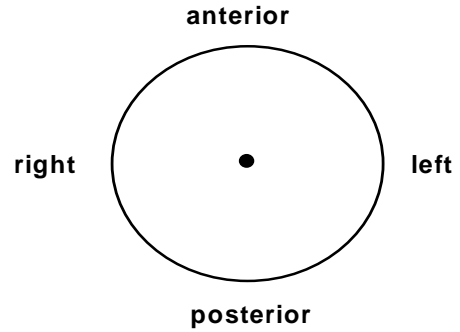
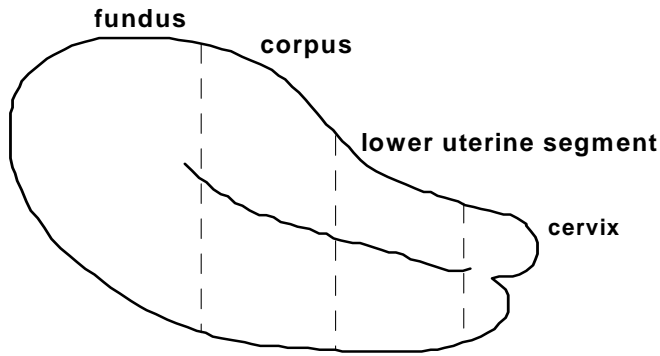
30. Serosal frozen ----- 0 1

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31. fixed ----- 0 1

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Please map location of fibroid and normal tissue (if any) that was sampled:



32. Notes: Yes₍₁₎ No₍₂₎ _____

PATHOLOGY FORM: Data for each Fibroid

16. Fibroid #: 2 (give each fibroid a number starting with largest as "1")

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

	(a)	(b)	(c)	(d)	(e)
<input type="checkbox"/>	submucosal ₍₁₎	fundus ₍₁₎	anterior ₍₁₎	right ₍₁₎	pedunculated ₍₁₎
	Intramural ₍₂₎	corpus ₍₂₎	posterior ₍₂₎	left ₍₂₎	not pedunculated ₍₂₎
	Subserosal ₍₃₎	lower seg ₍₃₎			
		cervix ₍₄₎			

19. Size: _____

20. Calcification (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

21. Necrosis (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

22. Hemorrhage (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

23. Homogeneity of muscle tissue (circle) : yes₍₁₎ no₍₂₎ (specify: _____)

Number of samples collected from tumor (circle):

24. Frozen ----- 1 2 3 4 5 6

25. Fixed ----- 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):

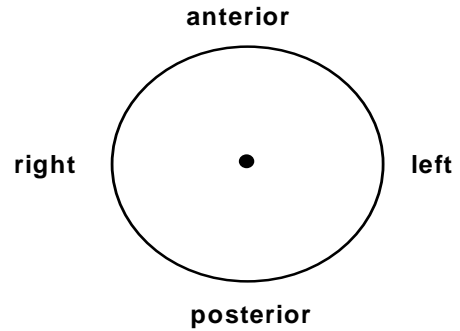
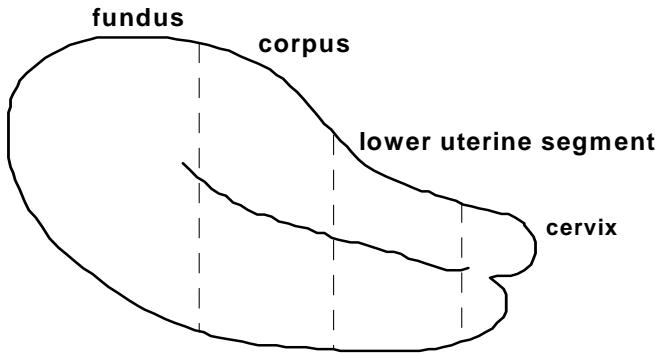
26. Endometrial frozen ----- 0 1

27. fixed ----- 0 1

28. Intramural frozen ----- 0 1

29. fixed ----- 0 1
30. Serosal frozen ----- 0 1
31. fixed ----- 0 1

Please map location of fibroid and normal tissue (if any) that was sampled:



32. Notes: Yes₍₁₎ No₍₂₎ _____

PATHOLOGY FORM: Data for each Fibroid

16. **Fibroid #:** 3 (give each fibroid a number starting with largest as "1")

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

	(a)	(b)	(c)	(d)	(e)
<input type="checkbox"/>	submucosal ₍₁₎	fundus ₍₁₎	anterior ₍₁₎	right ₍₁₎	pedunculated ₍₁₎
	Intramural ₍₂₎	corpus ₍₂₎	posterior ₍₂₎	left ₍₂₎	not pedunculated ₍₂₎
	Subserosal ₍₃₎	lower seg ₍₃₎			
		cervix ₍₄₎			

19. Size: _____

20. Calcification (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

21. Necrosis (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

22. Hemorrhage (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

23. Homogeneity of muscle tissue (circle) : yes₍₁₎ no₍₂₎ (specify: _____)

Number of samples collected from tumor (circle):

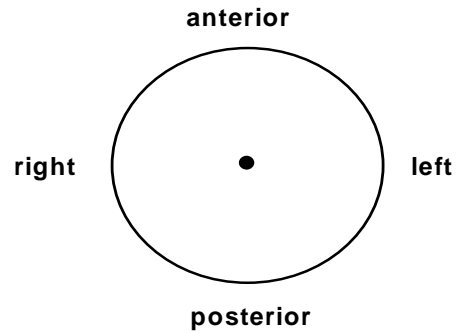
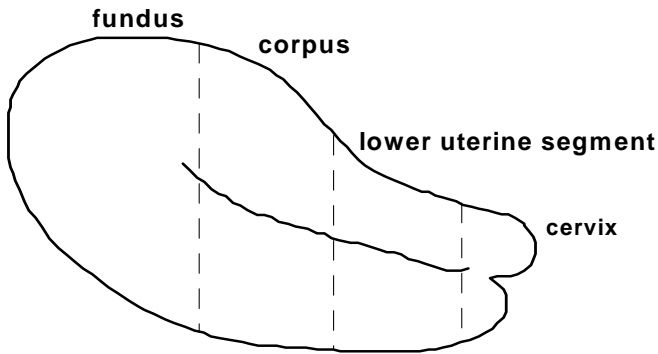
24. Frozen ----- 1 2 3 4 5 6

25. Fixed ----- 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):

26. Endometrial frozen ----- 0 1
27. fixed ----- 0 1
28. Intramural frozen ----- 0 1
29. fixed ----- 0 1
30. Serosal frozen ----- 0 1
31. fixed ----- 0 1

Please map location of fibroid and normal tissue (if any) that was sampled:



32. Notes: Yes₍₁₎ No₍₂₎ _____

PATHOLOGY FORM: Data for each Fibroid

16. Fibroid #: 4 (give each fibroid a number starting with largest as "1")

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

	(a)	(b)	(c)	(d)	(e)
<input type="checkbox"/>	submucosal ₍₁₎	fundus ₍₁₎	anterior ₍₁₎	right ₍₁₎	pedunculated ₍₁₎
	Intramural ₍₂₎	corpus ₍₂₎	posterior ₍₂₎	left ₍₂₎	not pedunculated ₍₂₎
	Subserosal ₍₃₎	lower seg ₍₃₎			
		cervix ₍₄₎			

19. Size: _____

20. Calcification (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

21. Necrosis (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

22. Hemorrhage (circle) : none₍₁₎ some₍₂₎ lots₍₃₎

23. Homogeneity of muscle tissue (circle) : yes₍₁₎ no₍₂₎ (specify: _____)

Number of samples collected from tumor (circle):

24. Frozen ----- 1 2 3 4 5 6

25. Fixed ----- 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):

26. Endometrial frozen ----- 0 1

27. fixed ----- 0 1

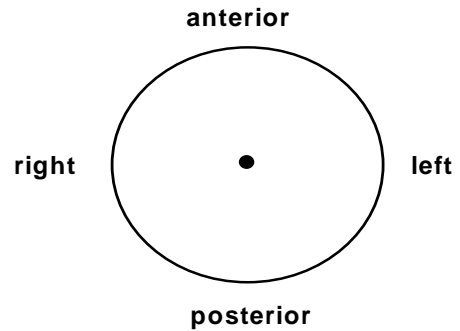
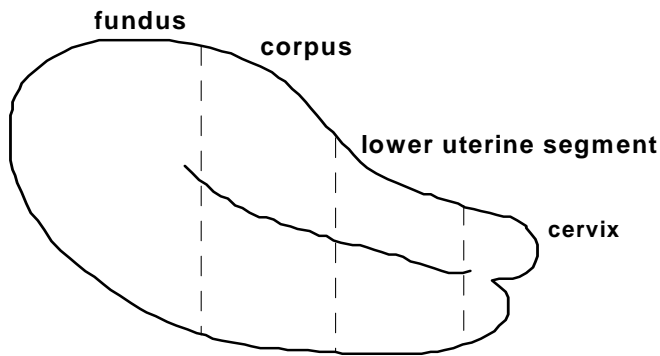
28. Intramural frozen ----- 0 1

29. fixed ----- 0 1

30. Serosal frozen ----- 0 1

31. fixed ----- 0 1

Please map location of fibroid and normal tissue (if any) that was sampled:



32. Notes: Yes₍₁₎ No₍₂₎ _____

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PATHOLOGY FORM: Data for each Fibroid

16. **Fibroid #:** 5 (give each fibroid a number starting with largest as "1")

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

	(a)	(b)	(c)	(d)	(e)
<input type="checkbox"/>	submucosal ₍₁₎	fundus ₍₁₎	anterior ₍₁₎	right ₍₁₎	pedunculated ₍₁₎
	Intramural ₍₂₎	corpus ₍₂₎	posterior ₍₂₎	left ₍₂₎	not pedunculated ₍₂₎
	Subserosal ₍₃₎	lower seg ₍₃₎			
		cervix ₍₄₎			

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19. Size: _____

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20. Calcification (circle) : none ₍₁₎ some ₍₂₎ lots ₍₃₎

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21. Necrosis (circle) : none ⁽¹⁾ some ⁽²⁾ lots ⁽³⁾
22. Hemorrhage (circle) : none ⁽¹⁾ some ⁽²⁾ lots ⁽³⁾
23. Homogeneity of muscle tissue (circle) : yes⁽¹⁾ no⁽²⁾ (specify: _____)

Number of samples collected from tumor (circle):

24. Frozen ----- 1 2 3 4 5 6

25. Fixed ----- 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):

26. Endometrial frozen ----- 0 1

27. fixed ----- 0 1

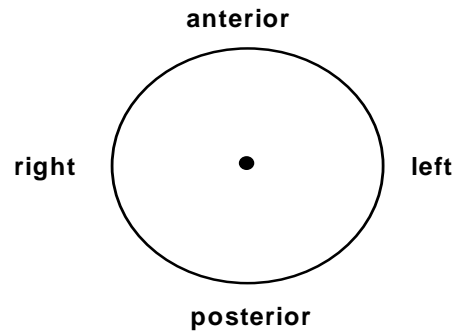
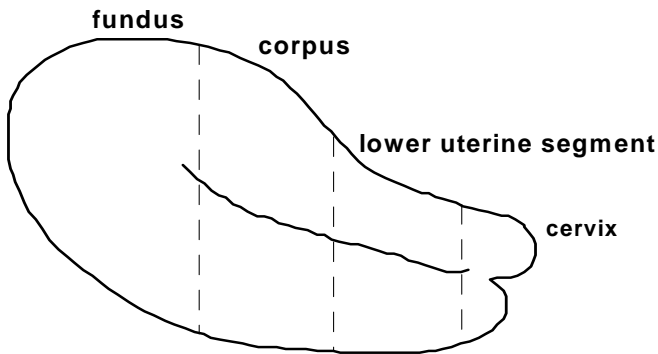
28. Intramural frozen ----- 0 1

29. fixed ----- 0 1

30. Serosal frozen ----- 0 1

31. fixed ----- 0 1

Please map location of fibroid and normal tissue (if any) that was sampled:



32. Notes: Yes⁽¹⁾ No⁽²⁾ _____

PATHOLOGY FORM: Data for each Fibroid

16. **Fibroid #:** 6 (give each fibroid a number starting with largest as "1")

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

	(a)	(b)	(c)	(d)	(e)	
<input type="checkbox"/>	submucosal ⁽¹⁾	fundus ⁽¹⁾	anterior ⁽¹⁾	right ⁽¹⁾	pedunculated ⁽¹⁾	<input type="checkbox"/>
	Intramural ⁽²⁾	corpus ⁽²⁾	posterior ⁽²⁾	left ⁽²⁾	not pedunculated ⁽²⁾	<input type="checkbox"/>

Subserosal₍₃₎ lower seg₍₃₎
cervix₍₄₎

19. Size: _____

<input type="text"/>	<input type="text"/>	•	<input type="text"/>
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20. Calcification (circle) : none ₍₁₎ some ₍₂₎ lots ₍₃₎

<input type="text"/>

21. Necrosis (circle) : none ₍₁₎ some ₍₂₎ lots ₍₃₎

<input type="text"/>

22. Hemorrhage (circle) : none ₍₁₎ some ₍₂₎ lots ₍₃₎

<input type="text"/>

23. Homogeneity of muscle tissue (circle) : yes₍₁₎ no₍₂₎ (specify: _____)

<input type="text"/>

Number of samples collected from tumor (circle):

24. Frozen ----- 1 2 3 4 5 6

<input type="text"/>

25. Fixed ----- 1 2 3 4 5 6

<input type="text"/>

Number of samples collected from nearby normal tissue (circle):

26. Endometrial frozen ----- 0 1

<input type="text"/>

27. fixed ----- 0 1

<input type="text"/>

28. Intramural frozen ----- 0 1

<input type="text"/>

29. fixed ----- 0 1

<input type="text"/>

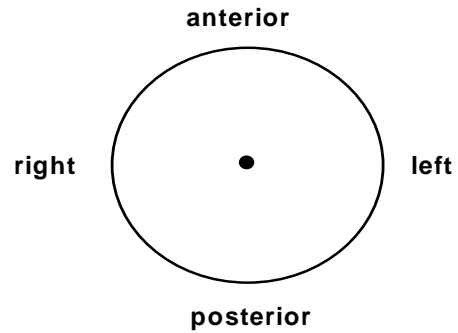
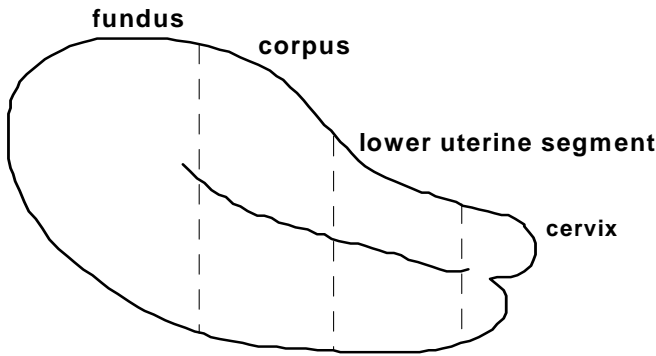
30. Serosal frozen ----- 0 1

<input type="text"/>

31. fixed ----- 0 1

<input type="text"/>

Please map location of fibroid and normal tissue (if any) that was sampled:



32. Notes: Yes₍₁₎ No₍₂₎ _____

<input type="text"/>
