

Patient Registry for Primary Pulmonary Hypertension

PATHOLOGY TRANSMITTAL FORM

PLEASE SEND SPECIMENS AND WHITE COPY OF THE FORM TO:

Giuseppe Pietra, M.D.  
Department of Pathology  
Hospital of the University of Pennsylvania  
Box 750  
3400 Spruce Street  
Philadelphia, Pa. 19104

FILL OUT PART I FOR ALL LUNG TISSUE MATERIAL

FILL OUT PART II FOR ALL AUTOPSY MATERIAL

PART I PATHOLOGY TRANSMITTAL FORM  
LUNG TISSUE REPORT (Complete for all specimens)

VERSION 1.1 (1982)  
CORRECTED 06-14-82

ID # ( ) ( ) ( )  
-Ctr. -Pat. -AcPostTc

1. Date lung tissue obtained (M/D/Y) ( ) ( ) 19 ( ) ( )
2. Source of material 1) ( ) Biopsy 2) ( ) Autopsy
3. Specify lung lobe(s) from which specimen was taken  
A. ( ) Right, specify 1) ( ) Upper 2) ( ) Middle 3) ( ) Lower  
B. ( ) Left, specify 1) ( ) Upper 2) ( ) Lower
4. Lung inflated 1) ( ) No 2) ( ) Yes
5. Was an angiogram performed

A. Antemortem

- 1) ( ) No  
2) ( ) Yes, specify ( ) Standard  
( ) Wedge

B. Postmortem

- 1) ( ) No  
2) ( ) Yes, Standard

6. Materials sent

A. Fixed wet tissue 1) ( ) No 2) ( ) Yes

B. Blocks 1) ( ) No 2) ( ) Yes, specify how many ( ) ( )

C. Slides 1) ( ) No

2) ( ) Yes, specify the following,

- a. Number of slides sent ( ) ( )  
b. ( ) Stained  
c. ( ) Unstained

7. Was a copy of the pathology report sent

- 1) ( ) No 2) ( ) Yes

8. Please sign below upon completion of the form

Completed by \_\_\_\_\_ Reviewed by \_\_\_\_\_

INVESTIGATOR, PLEASE RETAIN YELLOW COPY  
Patient Registry for Primary Pulmonary Hypertension

PART II PATHOLOGY TRANSMITTAL FORM  
AUTOPSY REPORT FORM

VERSION 1.1 (1982)  
CORRECTED 06-14-82

ID # ( ) ( ) ( )  
Cer. Pat. AcPostTc

1. Date of autopsy (M/D/Y) ( ) ( ) 19( )

2. Length of time from death to autopsy  
1) ( ) Days 2) ( ) Hours

3. Autopsy performed by:  
1) ( ) Hospital Pathologist  
2) ( ) Medical Examiner  
3) ( ) Other, specify  
\_\_\_\_\_

4. Were there any autopsy  
restrictions?  
1) ( ) No 2) ( ) Yes, specify  
\_\_\_\_\_  
\_\_\_\_\_

5. Were leg veins examined

A. ( ) No

B. ( ) Yes, check all that apply,

1) ( ) Patent

2) ( ) Thrombosed, specify

a. ( ) Recent

b. ( ) Old

6. PLEASE INCLUDE EITHER

1) ( ) Provisional Anatomic Diagnosis

2) ( ) Complete Autopsy Report

7. Please sign below upon completion of the form

Completed by \_\_\_\_\_

Reviewed by \_\_\_\_\_

SEND MATERIALS WITH WHITE COPY TO PROJECT PATHOLOGIST  
Patient Registry for Primary Pulmonary Hypertension

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