

Fibroid Tissue H&E

STUDY ID: **UFS**

FORM:

VER:

SLIDE ID:

 X **T** **0** **1** CHECK? SLIDE TYPE: (H&E)
(Fib #) (Pos #)

TODAY'S DATE: / /
MONTH DAY YEAR

1. Borders? 1 YES 2 NO

[IF YES:]

- a. Circumscribed? 1 YES 2 NO
- b. Irregular? 1 YES 2 NO
- c. Intravenous? 1 YES 2 NO

2. Mitotic Activity:

- 1 <5/10 HPF (*specify:*)
- 2 5 - 9/10 HPF (*specify:*)
- 3 ≥10/10 HPF (*specify:*)

3. Atypia? 1 YES 2 NO

[IF YES:]

- a. Type: 1 FOCAL 2 MULTIFOCAL 3 DIFFUSE
- b. Severity: 1 MILD 2 MODERATE 3 SEVERE

4. Cellularity:

- a. Giant cells? 1 YES 2 NO
- b. Hyperchromasia? 1 YES 2 NO
- c. Hypercellularity? 1 YES 2 NO

[IF YES:]

- d. Degree? 1 MILD 2 MODERATE 3 MARKED

5. **Necrosis?**

1 YES 2 NO

[IF YES:]

a. Coagulative?

1 YES 2 NO
 └───┬───> 1 FOCAL 2 MULTIFOCAL 3 DIFFUSE

b. Hyaline?

1 YES 2 NO
 └───┬───> 1 FOCAL 2 MULTIFOCAL 3 DIFFUSE

6. **Degenerative Changes:**

a. Hyalinization?

1 YES 2 NO

b. Hydropic degeneration?

1 YES 2 NO

c. Hemorrhagic?

1 YES 2 NO

d. Calcification?

1 YES 2 NO

e. Cystic change?

1 YES 2 NO

f. Fatty metamorphosis?

1 YES 2 NO

g. Inflammatory infiltration?

1 YES 2 NO

h. Fibrosis?

1 YES 2 NO

i. Other?

1 YES 2 NO

SPECIFY: ←

1. _____

2. _____

3. _____

7. **Variant Patterns?**

1 YES 2 NO

[IF YES:]

a. Clear cell?

1 YES 2 NO

b. Nuclear palisading?

1 YES 2 NO

c. Myxoid?

1 YES 2 NO

d. Other?

1 YES 2 NO

[IF OTHER, SPECIFY:]

8. **Diagnosis:**

01 LEIOMYOMA

02 CELLULAR MYOMA

03 MITOTICALLY ACTIVE MYOMA

04 ATYPICAL MYOMA

05 SMT, UNCERTAIN MALIGNANT POTENTIAL

06 EPITHELIOID MYOMA

07 INTRA VENOUS MYOMA

08 LEIOMYOSARCOMA

09 OTHER: _____

9. **Comments:**

