



Pathology Review Form

Patient ID ___ - ___ **ID** ___ - ___

Date of Biopsy: **BIOPDATE**

The information captured on this form should be provided by the consortium pathologist.

Date of Review: **DORDATE**

Specimen number: _____
(For site use only)

SECTION I: ADEQUACY EVALUATION

- 1. Length: **LENGTH** mm
- 2. Overall adequacy: Adequate Not adequate **ADEQ**

SECTION II: INFLAMMATION

	Score						
	0	1	2	3	4	5	6
1. Ishak periportal ISHPERI	<input type="checkbox"/>						
2. Ishak confluent necrosis ISHCN	<input type="checkbox"/>						
3. Ishak lobular ISHLOB	<input type="checkbox"/>						
4. Ishak portal ISHPORT	<input type="checkbox"/>						
5. Total score: _____ ISHTS							

SECTION III: FIBROSIS

	Score						
	0	1	2	3	4	5	6
1. Ishak ISHAK	<input type="checkbox"/>						

SECTION IV: EXCLUSION CRITERIA

- 1. Hepatocellular iron grade: **HFE**
 - 0 Absent to barely discernable granules at 40x
 - 1 Barely discernable granules at 20x
 - 2 Discrete granules resolved at 10x
 - 3 Discrete granules resolved at 4x
 - 4 Masses visible to naked eye

- 2. Severe steatohepatitis present (steatosis and lobular inflammation with marked ballooning AND Mallory-Denk bodies with or without characteristic fibrosis): Yes No **SSTEATH**

Pathologist signature: _____