

Site ID: Subject ID: Reviewed by (certification no.):

For coordinator use only.

Review date: / / **Teen-LABS (PATHO) Other Pathology Specimens**Form completion date: / / 20 (mm/dd/yyyy) Completed by (certification no.): Please PRINT NEATLY and complete this form in blue or black INK. Mark response boxes like this:

Record ALL specimens; even if they are not for Teen-LABS.

1. Liver biopsy site (mark "No" or "Yes" for each) and type.

No Yes Right lobe → Specify type: Needle biopsy Wedge biopsy Both Left Lobe → Specify type: Needle biopsy Wedge biopsy Both

2. Was visceral adipose tissue collected?

 No Yes →

2.1 Mark "No" or "Yes" for each:

No Yes Omentum proper Gastrocolic ligament Small bowel Other specify: _____

3. Was subcutaneous fat collected?

 No Yes →

3.1 Mark "No" or "Yes" for each:

No Yes Right upper quadrant Left upper quadrant Midline Other specify: _____

4. Was striated muscle collected?

 No Yes →4.1 What named muscle?

5. Was other tissue collected?

 No Yes →

5.1 Mark "No" or "Yes" for each.

No Yes Small bowel Stomach Other specify: _____