

	Site ID: <input type="text"/>	Subject ID: <input type="text"/>	Reviewed by (certification no.): <input type="text"/>	
For coordinator use only.			Review date: <input type="text"/> / <input type="text"/> / <input type="text"/>	

Teen-LABS (PATH1) Liver Pathology Biopsy Demographics

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:

1. Biopsy date: / / 20 (mm/dd/yyyy)

2. 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

3. Biopsy size: # of portal areas

4. Biopsy length: mm

5. Overall adequacy assessment: Adequate Sub-optimal Inadequate

6. Stains availability: (Mark "No" or "Yes" for each.)

No Yes

 H&E

 Masson Trichrome

 Iron

 Other specify: _____

7. Total number of slides prepared for research:

8. Location of slides: Pathology department at local Teen-LABS site Research department at local Teen-LABS site