

## 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

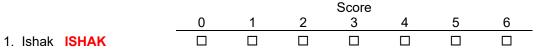
□ Not adequate **ADEQ** 

#### SECTION II: INFLAMMATION

	Score						
	0	1	2	3	4	5	6
1. Ishak periportal ISHPERI							
2. Ishak confluent necrosis ISHCN							
3. Ishak lobular ISHLOB							
4. Ishak portal ISHPORT							

5. Total score: \_\_\_\_\_ ISHTS

### SECTION III: FIBROSIS



#### SECTION IV: EXCLUSION CRITERIA

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

Pathologist signature: \_\_\_\_\_