

## Biopsy Slide Tracking Form

Biopsy date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

Visit Type:

 Screening Other \_\_\_\_\_Patient's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

Urologist: \_\_\_\_\_

Biopsy '1' Site: (Check one):

 <sub>3</sub> Posterior Wall <sub>4</sub> Right Lateral Wall <sub>5</sub> Left Lateral Wall <sub>6</sub> Trigone Other \_\_\_\_\_

Biopsy '1' Associated Pathology (Check one):

 <sub>1</sub> Cystoscopically normal <sub>2</sub> Mild glomerulations <sub>3</sub> Moderate glomerulations <sub>4</sub> Severe glomerulations <sub>5</sub> Hunner's ulcer <sub>6</sub> Scar <sub>7</sub> Other \_\_\_\_\_

Number of Slides Sent to APL: \_\_\_\_

Research Coordinator: \_\_\_\_\_  
(Print Name)\_\_\_\_\_  
(Signature).....  
*To be completed at APL:*Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

Number of Slides Received: \_\_\_\_

APL # \_\_\_\_

Comments: \_\_\_\_\_