

Biopsy Specimen Tracking Form

Biopsy date: ____ / ____ / ____
(month) (day) (year)

Visit Type:

 Screening Other _____Patient's date of birth: ____ / ____ / ____
(month) (day) (year)

Urologist: _____

Biopsy '2' Site: (Check one):

- ₃ Posterior Wall
 ₄ Right Lateral Wall
 ₅ Left Lateral Wall
 ₆ Trigone
 Other _____

Biopsy '3' Site: (Check one):

- ₃ Posterior Wall
 ₄ Right Lateral Wall
 ₅ Left Lateral Wall
 ₆ Trigone
 Other _____

Biopsy '2' Associated Pathology (Check one):

- ₁ Cystoscopically normal
 ₂ Mild glomerulations
 ₃ Moderate glomerulations
 ₄ Severe glomerulations
 ₅ Hunner's ulcer
 ₆ Scar
 ₇ Other _____

Biopsy '3' Associated Pathology (Check one):

- ₁ Cystoscopically normal
 ₂ Mild glomerulations
 ₃ Moderate glomerulations
 ₄ Severe glomerulations
 ₅ Hunner's ulcer
 ₆ Scar
 ₇ Other _____

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

Biopsy '2' APL # ____ Comments: _____

Biopsy '3' APL # ____ Comments: _____