

PATHOLOGY EVALUATION

SECTION I: SPECIMEN INFORMATION (completed by clinical coordinator)

1. Specimen No. _____ Date of biopsy ____/____/____
2. Source of specimen Needle biopsy Wedge biopsy
3. Is specimen considered adequate? Yes No
4. Is there extra tissue stored in RNALater? Yes No

SECTION II: HISTOLOGY (completed by central pathologist)

Date of Reading ____/____/____
 mm dd yy

1. HAI Scoring:
 - 1.1 Periportal inflammation _____
 - 1.2 Lobular inflammation _____
 - 1.3 Portal inflammation _____
 - 1.4 Fibrosis _____
2. Ishak Fibrosis Scale: _____
3. Iron Scoring: _____
 - 3.1 Reticuloendothelial iron only? Yes No
4. Fat score: _____
5. Total portal areas: _____
6. Features of steatohepatitis:
 - 6.1 Zone 3 ballooning degeneration? Yes No
 - 6.2 Zone 3 sinusoidal fibrosis? Yes No
 - 6.3 Mallory bodies? Yes No
7. Features of dysplasia:
 - 7.1 Small cell dysplasia present? Yes No
 - 7.2 Large cell dysplasia present? Yes No
8. Number of slides _____ (enter 0 if none received)
9. Were the original slides sent? Yes No
10. Comments? Yes No (If yes, record comments on back)

IF YES

SECTION III: ADDITIONAL SCORING (completed by central pathologist)

- 1. Iron Score 2: _____
- 2. Fat Score 2: _____
- 3. Modified Ishak HAI Grading:
 - 3.1 Piecemeal necrosis _____
 - 3.2 Confluent necrosis _____
 - 3.3 Focal necrosis _____
 - 3.4 Portal inflammation _____
- 4. METAVIR activity:
 - 4.1 Histological activity _____
 - 4.2 Fibrosis _____
- 5. Biopsy length _____
- 6. Biopsy width _____
- 7. Fragmented _____
- 8. Lymphoid Aggregates _____
- 9. Germinal Centers _____
- 10. Fraction of portal areas with piecemeal necrosis _____
- 11. Fraction of portal areas with >50% piecemeal _____
- 12. Fraction of 20x fields with spotty necrosis _____
- 13. Fraction of portal areas with >= mod. inflammation _____

<u>COMPLETION LOG</u>	
Clinical Center: Date Entered	____ - ____ - ____ MM DD YY
Pathology Lab: Date Entered	____ - ____ - ____ MM DD YY