

**PATHOLOGY REPORT**

**Clinical Study of IPPB**

Form 

7	2	6	0
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 1-4

Date of pathology report 

Mo	Day	Yr

 5-10

*Clinic should complete sections A & B only.*

**A. PATIENT IDENTIFICATION**

1. Treatment center number 

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 11
2. Patient number 

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 12-15
3. Date of birth 

Mo	Day	Yr

 16-21
4. Autopsy number \_\_\_\_\_

**B. PRELIMINARY INFORMATION**

1. Date of death 

Mo	Day	Yr

 30-35
2. Time of death *(add 12 hours if 1-12 PM)*

Hour	Min

 36-39
3. Date of autopsy 

Mo	Day	Yr

 40-45
4. Time of autopsy *(add 12 hours if 1-12 PM)*

Hour	Min

 46-49
5. Body length (cm) 

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 50-54
6. Material sent to the Pathology Center
 

	NO	YES			
Heart	<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		55
Left lung complete	<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		56
Right lung complete	<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		57
Lung tissue	<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 20px; height: 20px;"><tr><td> </td></tr></table>		58

Comments, including amount removed from heart, and from where \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. FIXATIVE INJECTION**

1. Date of fixative injection 

Mo	Day	Yr

 61-66
2. Time of fixative injection *(add 12 hours if 1-12 PM)*

Hour	Min

 67-70

**D. WEIGHT OF LUNG**

1. Left lung (g) 

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 72-75
2. Right lung (g) 

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 76-79

**E. AMOUNT OF EMPHYSEMA**

1. Panel score (units) 

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 80-82
2. Average intra-alveolar wall distance (mm) 

0	.			
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 83-87
3. Type of emphysema \_\_\_\_\_

**F. AMOUNT OF CENTRAL AIRWAY DISEASE**

1. Reid index 

0	.		
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 88-91
2. Mucous gland proportion (%) 

	.		
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 92-95
3. Smooth muscle proportion (%) 

	.		
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 96-99

**G. AMOUNT OF PERIPHERAL AIRWAYS DISEASE**

1. Number of <sup>2</sup>airways/cm 

	.		
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 105-108
2. Observed number (% predicted) 

		.	
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 109-113
3. Proportion of small airway lumen (%) 

	.		
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 114-117
4. Proportion of intra-luminal mucus (%) 

		.	
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 118-121
5. Composite subjective airway score (Hogg) 

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 122-123

**H. ASSESSMENT OF PULMONARY CIRCULATION**

- Thickness of media of muscular pulmonary arteries 

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 124-127

Patient # \_\_\_\_\_

Date \_\_\_\_\_

I. EXAMINATION OF THE HEART

- 1. Weight of right ventricle (RV) (g.)    132-134
- 2. Weight of left ventricle (LV) and septum (g.)    135-137
- 3. Ratio of LV and septum to RV    138-140
- 4. Corrected weight of RV (g.)    141-143
- 5. Corrected weight of LV and septum (g.)    144-146
- 6. Corrected ratio of LV and septum to RV    147-149

J. ASSESSMENT OF OXYGEN DAMAGE TO LUNG

- 1. Hyaline membrane (0-5)      150
- 2. Interstitial fibrosis (0-5)      151
- 3. Type II cell hyperplasia (0-5)      152
- 4. Overall assessment (0-5)      153

Comment: (including electron microscopy) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. THROMBOEMBOLI

- |                              |                            |                            |     |
|------------------------------|----------------------------|----------------------------|-----|
|                              | NO                         | YES                        |     |
| 1. Presence of thromboemboli | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 154 |
| 2. Number                    | _____                      |                            |     |
| 3. Site                      | _____                      |                            |     |
| 4. Duration                  | _____                      |                            |     |

L. PNEUMONIA

- |                          |                            |                            |     |
|--------------------------|----------------------------|----------------------------|-----|
|                          | NO                         | YES                        |     |
| 1. Presence of pneumonia | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 155 |
| 2. Site                  | _____                      |                            |     |
| 3. Extent                | _____                      |                            |     |

M. OTHER DIAGNOSES (use ICD 9 CM)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

N. COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

O. Person responsible for information recorded on this form:

\_\_\_\_\_ Date \_\_\_\_\_