## PULMONARY AIDS CLINICAL STUDY

## FORM A - AUTOPSY FORM

**Version Date:** The version date of the form, located in the upper right corner of the form, should be checked by the interviewer to insure that the correct version of the form is being used.

1. **Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.

2. **Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.

3. **Date of Death:** Enter the date the subject died. Remember to use the date format described earlier in this document. This must be a complete date.

4. **Autopsy ID Number:** Enter the autopsy number that was assigned to the subject at the hospital where the autopsy was performed. The number should be right justified in the boxes provided and should be padded with leading zeroes so that all boxes are filled. This is a character field so both alpha characters and numbers can be entered in the space provided.

5. **Hospital:** Enter the full name and address of the hospital where the autopsy was performed. Also enter the name of the individual who performed the autopsy and the date the autopsy was performed.

6. **Report:** Check the appropriate response as to whether the autopsy form has been attached to the questionnaire or not.

7. **Final Pathologic Diagnosis:** Indicate whether the diagnoses listed were confirmed at autopsy. If affirmative, indicate by checking yes or no whether or not there was pulmonary involvement. If required, specify the specific disease process diagnosed.

   **Form Reviewer/Date:** The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

   **Form Keyer/Date:** The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

FORM A

Version: 10 MAY 91

# PULMONARY COMPLICATIONS OF HIV INFECTION
## AUTOPSY FORM

1. Patient ID .................................................. ☐☐☐☐☐

2. Clinic .................................................. ☐☐

3. Date of Death .................................. Day ☐☐ Month ☐☐☐ Year ☐☐

4. Autopsy ID Number ........................... ☐☐☐☐☐☐☐☐☐☐

5. Hospital where autopsy performed:

   Hospital Name: ________________________________

   Address: ________________________________

   Autopsy Completed by: ____________________ Date: __________

6. Has a copy of the autopsy report been attached to this form? ..... Yes ☐ y No ☐ n

7. Final Pathologic Diagnoses:

| | Yes | No | Pulmonary Involvement Yes | Pulmonary Involvement No |
|---|---|---|---|---|
| A. Pneumocystis carinii ........................ | ☐ y | ☐ n | ☐ y | ☐ n |
| B. Toxoplasmosis ............................... | ☐ y | ☐ n | ☐ y | ☐ n |
| 1. of the brain ............................... | ☐ y | ☐ n | | |
| C. Cryptosporidiosis ........................... | ☐ y | ☐ n | ☐ y | ☐ n |
| D. Isosporiasis ................................ | ☐ y | ☐ n | ☐ y | ☐ n |
| E. Cryptococcosis .............................. | ☐ y | ☐ n | ☐ y | ☐ n |
| F. Histoplasmosis .............................. | ☐ y | ☐ n | ☐ y | ☐ n |

| | Yes | No | Pulmonary Involvement Yes | Pulmonary Involvement No |
|---|---|---|---|---|
| G. Coccidiomycosis | ☐ y | ☐ n | ☐ y | ☐ n |
| H. Candidiasis | ☐ y | ☐ n | ☐ y | ☐ n |
| 1. Esophageal | ☐ y | ☐ n | | |
| If No, specify site ________ | | | | |
| I. Tuberculosis | ☐ y | ☐ n | ☐ y | ☐ n |
| J. Non-tuberculous mycobacteria | ☐ y | ☐ n | ☐ y | ☐ n |
| K. Salmonellosis | ☐ y | ☐ n | ☐ y | ☐ n |
| L. S.pneumoniae | ☐ y | ☐ n | ☐ y | ☐ n |
| M. Endocarditis | ☐ y | ☐ n | | |
| N. Other bacterial infection | ☐ y | ☐ n | ☐ y | ☐ n |
| Specify: ________ | | | | |
| O. Cytomegalovirus | ☐ y | ☐ n | ☐ y | ☐ n |
| 1. Retinitis | ☐ y | ☐ n | | |
| P. Herpes Simplex | | | | |
| 1. Oral | ☐ y | ☐ n | ☐ y | ☐ n |
| 2. Genital/Rectal | ☐ y | ☐ n | ☐ y | ☐ n |
| Q. Varicella-Zoster | ☐ y | ☐ n | ☐ y | ☐ n |

FORM A Version: 10 MAY 91

| | Yes | No | Pulmonary Involvement Yes | Pulmonary Involvement No |
|---|---|---|---|---|
| R. Other Virus .................................... | ☐ y | ☐ n | ☐ y | ☐ n |
| Specify: ____________________ | | | | |
| S. Kaposi's Sarcoma ............................... | ☐ y | ☐ n | ☐ y | ☐ n |
| T. Lymphoma ....................................... | ☐ y | ☐ n | ☐ y | ☐ n |
| U. Other Cancer ................................... | ☐ y | ☐ n | ☐ y | ☐ n |
| Specify: ____________________ | | | | |
| V. Lymphoid Interstitial Pneumonitis .............. | ☐ y | ☐ n | | |
| W. Nonspecific Interstitial Pneumonitis ........... | ☐ y | ☐ n | | |
| X. Pulmonary Embolus .............................. | ☐ y | ☐ n | | |
| Y. Congestive Heart Failure ....................... | ☐ y | ☐ n | | |
| Z. Chest Injury/Rib Fracture ...................... | ☐ y | ☐ n | | |
| aa. Pneumothorax .................................. | ☐ y | ☐ n | | |
| bb. Pleural Effusion .............................. | ☐ y | ☐ n | | |
| cc. Asthma ........................................ | ☐ y | ☐ n | | |
| dd. Bronchitis .................................... | ☐ y | ☐ n | | |
| ee. Emphysema ..................................... | ☐ y | ☐ n | | |
| gg. Hepatitis ..................................... | ☐ y | ☐ n | | |

FORM A

Version: 10 MAY 91

| | Yes | No | Pulmonary Involvement Yes | Pulmonary Involvement No |
|---|---|---|---|---|
| hh. Other Liver Disease .......................... | ☐ y | ☐ n | | |
| kk. Other Blood Disease .......................... | ☐ y | ☐ n | | |
| Specify: ______________________________ | | | | |
| ll. 1. Other .................................... | ☐ y | ☐ n | ☐ y | ☐ n |
| Specify: ______________________________ | | | | |
| 2. Other .................................... | ☐ y | ☐ n | ☐ y | ☐ n |
| Specify: ______________________________ | | | | |
| Specify: ______________________________ | | | | |

Form Reviewed By: ______________________________ (please print) Date ____________

Form Keyed By: ______________________________ (please print) Date: ____________