**UTERINE FIBROID STUDY**

**PATHOLOGY FORM**

Data For Each Uterus

<table>
<thead>
<tr>
<th>ID#: UFS</th>
<th>Medical Record #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Date: [MO] / [DY] / [YR]

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1. **Pathologist:** _______________________________________________

2. **Surgical Procedure** (circle):
   - hysterectomy
   - myomectomy
   - hysteroscopic resection

3. **Uterus**
   - **Size:**
     - Length ___.____ cm x AP ___.____ cm x width ___.____ cm

4. **Position:**
   - Anteverted
   - Retroverted

5. **Fibroids:**
   - Yes
   - No

6. **Number of fibroids:**
   - ≥2cm
   - <2cm
   - Total Submucosal

7. **Number of fibroids sampled for tissue collection** (circle):
   - 0 1 2 3 4 5 6

8. **Number of normal tissue segments collected**:
   - Transmural frozen
   - fixed
   - Intramural frozen
   - fixed

9. **Other uterine pathology?**
   - YES
   - NO

10. **Notes:**
     - Yes
     - No
PATHOLOGY FORM: Data for each Fibroid

16. Fibroid #: **1** (give each fibroid a number starting with largest as “1”)

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>submucosal</td>
<td>fundus</td>
<td>anterior</td>
<td>right</td>
<td>pedunculated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intramural</td>
<td>corpus</td>
<td>posterior</td>
<td>left</td>
<td>not pedunculated</td>
</tr>
<tr>
<td>Subserosal</td>
<td>lower seg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>cervix</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Size: ___________________________

20. Calcification (circle): none (1) some (2) lots (3)

21. Necrosis (circle): none (1) some (2) lots (3)

22. Hemorrhage (circle): none (1) some (2) lots (3)

23. Homogeneity of muscle tissue (circle): yes (1) no (2) (specify: ___________________________)

Number of samples collected from tumor (circle):

24. Frozen ------- 1 2 3 4 5 6

25. Fixed -------- 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):

26. Endometrial frozen ------- 0 1

27. fixed ------- 0 1

28. Intramural frozen ------- 0 1

29. fixed ------- 0 1

30. Serosal frozen ------- 0 1

31. fixed ------- 0 1
Please map location of fibroid and normal tissue (if any) that was sampled:

32. Notes: Yes(1) No(2) ________________________________

PATHOLOGY FORM: Data for each Fibroid

16. Fibroid #: 2 (give each fibroid a number starting with largest as “1”)

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

   (a)     (b)    (c)       (d)   (e)
   submucosal(1)  fundus(1)  anterior(1)  right(1)   pedunculated(1)
   Intramural(2)  corpus(2)  posterior(2)  left(2)    not pedunculated(2)
   Subserosal(3)  lower seg(3)
   cervix(4)

19. Size: ________________________________

20. Calcification (circle): none (1) some (2) lots (3)

21. Necrosis (circle): none (1) some (2) lots (3)

22. Hemorrhage (circle): none (1) some (2) lots (3)

23. Homogeneity of muscle tissue (circle): yes(1) no(2) (specify: ________________________ )

Number of samples collected from tumor (circle):

24. Frozen 1 2 3 4 5 6

25. Fixed 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):

26. Endometrial frozen 0 1

27. fixed 0 1

28. Intramural frozen 0 1

4/25/97
29. fixed -------- 0 1
30. Serosal frozen -------- 0 1
31. fixed -------- 0 1

Please map location of fibroid and normal tissue (if any) that was sampled:

![Diagram of uterine regions]

32. Notes: Yes(1) No(2)

PATHOLOGY FORM: Data for each Fibroid

16. Fibroid #: 3 (give each fibroid a number starting with largest as “1”)

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)
   (a) (b) (c) (d) (e)
   submucosal (1) fundus(1) anterior(1) right(1) pedunculated(1)
   Intramural(2) corpus(2) posterior(2) left(2) not pedunculated(2)
   Subserosal(3) lower seg(3) cervix(4)

19. Size: ____________________________

20. Calcification (circle): none (1) some (2) lots (3)

21. Necrosis (circle): none (1) some (2) lots (3)

22. Hemorrhage (circle): none (1) some (2) lots (3)

23. Homogeneity of muscle tissue (circle): yes(1) no(2) (specify:________________________)

Number of samples collected from tumor (circle):  
24. Frozen -------- 1 2 3 4 5 6

25. Fixed -------- 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):
26. Endometrial frozen ------- 0 1
27. fixed ------- 0 1
28. Intramural frozen ------- 0 1
29. fixed ------- 0 1
30. Serosal frozen ------- 0 1
31. fixed ------- 0 1

Please map location of fibroid and normal tissue (if any) that was sampled:

![Diagram of uterus with labeled parts: fundus, corpus, lower uterine segment, cervix, anterior, posterior, right, left]

32. Notes: Yes(1) No(2) ____________________________

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**PATHOLOGY FORM: Data for each Fibroid**

16. **Fibroid #: 4** (give each fibroid a number starting with largest as “1”)

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)
   (a) (b) (c) (d) (e)
   submucosal (1) fundus (1) anterior (1) right (1) pedunculated (1)
   Intramural (2) corpus (2) posterior (2) left (2) not pedunculated (2)
   Subserosal (3) lower seg (3)
   cervix (4)

19. Size: ____________________________

20. Calcification (circle) : none (1) some (2) lots (3)

21. Necrosis (circle) : none (1) some (2) lots (3)

22. Hemorrhage (circle) : none (1) some (2) lots (3)

23. Homogeneity of muscle tissue (circle) : yes(1) no(2) (specify:______________________ )

4/25/97
Number of samples collected from tumor (circle):
24. Frozen 1 2 3 4 5 6
25. Fixed 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):
26. Endometrial frozen 0 1
27. fixed 0 1
28. Intramural frozen 0 1
29. fixed 0 1
30. Serosal frozen 0 1
31. fixed 0 1

Please map location of fibroid and normal tissue (if any) that was sampled:

32. Notes: Yes 2 No

PATHOLOGY FORM: Data for each Fibroid

16. Fibroid #: 5 (give each fibroid a number starting with largest as “1”)

17. Length of time from excision to freeze: _____ minutes

18. Position (circle appropriate word from each column)

(a) (b) (c) (d) (e)

submucosal (1) fundus (1) anterior (1) right (1) pedunculated (1)

Intramural (2) corpus (2) posterior (2) left (2) not pedunculated (2)

Subserosal (3) lower seg (3) cervix (4)

19. Size: __________________________

20. Calcification (circle): none (1) some (2) lots (3)

4/25/97
21. Necrosis (circle) : none (1) some (2) lots (3)
22. Hemorrhage (circle) : none (1) some (2) lots (3)
23. Homogeneity of muscle tissue (circle) : yes (1) no (2) (specify: __________________ )

Number of samples collected from tumor (circle):
24. Frozen ----------- 1 2 3 4 5 6
25. Fixed ----------- 1 2 3 4 5 6

Number of samples collected from nearby normal tissue (circle):
26. Endometrial frozen ------- 0 1
27. fixed ------- 0 1
28. Intramural frozen ------- 0 1
29. fixed ------- 0 1
30. Serosal frozen ------- 0 1
31. fixed ------- 0 1

Please map location of fibroid and normal tissue (if any) that was sampled:

![Map of fibroid locations]

32. Notes: Yes (1) No (2) ________________________________

PATHOLOGY FORM: Data for each Fibroid

16. Fibroid #: 6 (give each fibroid a number starting with largest as “1”)
17. Length of time from excision to freeze: _____ minutes
18. Position (circle appropriate word from each column)
   (a) (b) (c) (d) (e)
   submucosal (1) fundus (1) anterior (1) right (1) pedunculated (1)
   Intramural (2) corpus (2) posterior (2) left (2) not pedunculated (2)

4/25/97
19. Size: ________________________________

20. Calcification (circle) : none (1) some (2) lots (3)

21. Necrosis (circle) : none (1) some (2) lots (3)

22. Hemorrhage (circle) : none (1) some (2) lots (3)

23. Homogeneity of muscle tissue (circle) : yes(1) no(2) (specify:________________________) 

24. Frozen --------- 1 2 3 4 5 6

25. Fixed --------- 1 2 3 4 5 6

26. Endometrial frozen ------ 0 1

27. fixed ------- 0 1

28. Intramural frozen ------ 0 1

29. fixed ------- 0 1

30. Serosal frozen ------ 0 1

31. fixed ------- 0 1

32. Notes: Yes(1) No(2) ________________________________________________________________