

# Biopsy report

Date of biopsy

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## Macroscopic appearance

Which side was the biopsy taken from?  Left  Right

Length  mm

Is this a bifurcated sample?  Yes  No

Do you have any other comments on macroscopic appearance?  Yes  No

If yes, specify:

## Microscope

Have you used the microscope that you registered with us?  Yes  No

If no, please inform the study co-ordinator at their next visit.

Did you use your routine staining protocol?  Yes  No

If no, specify:

## Microscopic appearance

Is this temporal artery?  Yes  No\*

Which sections did you cut? (tick all that apply)  Transverse  Longitudinal

Were deeper levels required (because initial sections did not provide enough diagnostic information)?  Yes  No

\*If not temporal artery, is it:

fat or muscle  vein  nerve  other, specify:

**Intima**  Normal, or tick all that apply  
 Arteriosclerosis present  Intimal hyperplasia present

**Internal elastic lamina**  Normal, or tick all that apply  
 Fragmentation  Reduplication

## Predominant site of inflammatory cellular infiltrate

Is there an inflammatory infiltrate present in this sample?  Yes  No

If Yes, Predominant site of inflammation:

Intima  Internal elastic lamina  Media  Adventitia  Vasa vasorum  Transmural

## Details

Please tick all features that are present:

Normal areas  Giant cells  Calcification  Unusual features, specify:

### Thrombus and occlusion

Is the vessel completely occluded?  Yes  No

If yes, is it due to:  Thrombus  Intimal hyperplasia  
(tick all that apply)

If no, is there : Thrombus in at least one section?  Yes  No

Intimal hyperplasia in at least one section?  Yes  No

Is there evidence of recanalisation in at least one section?  Yes  No

**Pathological diagnosis**  Normal, or tick all that apply

Compatible with a diagnosis of giant cell arteritis

Compatible with another diagnosis, please specify:

Compatible with a diagnosis of other vasculitis

Compatible with a diagnosis of arteriosclerosis

### Checklist

Have all slides been sent to the TABUL Office?  Yes  No

If Yes, How many slides are available for the study?  (If none, enter zero)(0).

Have all remaining blocks been sent to the TABUL Office?  Yes  No

If Yes, How many paraffin blocks are available for the study?  (If none, enter zero)(0).

If Yes, How many frozen blocks are available for the study?  (If none, enter zero)(0).

Has an anonymised copy of the original biopsy report been attached to this form?  Yes  No

Slides and blocks to be stored in the Nuffield Orthopaedic Centre biobank

Comments

I certify that the data contained in this biopsy report are complete and accurate. (To be signed and dated by the pathologist)

Signature

Date

Print name

Position

Consultant

Trainee

If trainee, time in post:

 yrs mths