

Normal Tissue

Name		#	Notes	Additional		
History				Other		
Specimen				Photomicrographs		
Procedure(s) <input type="checkbox"/> Autopsy <input type="checkbox"/> Specify <input type="checkbox"/> Surgery <input type="checkbox"/> Organ donaton				ID	Mag	Description
Site						
Microscopic						
Autolysis	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Necrosis	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Fibrosis	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Atrophy	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Edema	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Con- gestion	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Inflammation						
Acute	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Chronic	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Granulomas	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Hemorrhage						
Petechial	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Ecchymotic	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Other						
Artifacts						
Crush	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Chatter	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Folds	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Staining	<input type="radio"/> Negative	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe		
Other						
Assessment						
Acceptable?						
<input type="radio"/> Yes		<input type="radio"/> Maybe		<input type="radio"/> No		
				<input type="radio"/> With limita- tions		
Signature						
Date						