

Pathologist

Specimen code number

Sex of patient

Clinical History

				Comments
Hair Follicles	Terminal hair density	Normal or mild reduction	<input type="radio"/>	
		Moderate reduction	<input type="radio"/>	
		Marked reduction or absent	<input type="radio"/>	
	Vellus Hair	Absent	<input type="radio"/>	
		Normal	<input type="radio"/>	
		Increased	<input type="radio"/>	
	Abnormal inner root sheath desquamation	Present	<input type="radio"/>	
		Absent	<input type="radio"/>	
	Adnexal structures	Erector pili muscle	Normal	<input type="radio"/>
Decreased			<input type="radio"/>	
Sebaceous glands of involved follicles		Present	<input type="radio"/>	
		Absent	<input type="radio"/>	
		Absent	<input type="radio"/>	

Inflammation	Degree	Mild		<input type="radio"/>			
		Moderate		<input type="radio"/>			
		Severe		<input type="radio"/>			
	Type (Check all that apply)	Lymphocytic		<input type="checkbox"/>			
		Neutrophilic		<input type="checkbox"/>			
		Histiocytic (granulomatous)		<input type="checkbox"/>			
		Plasmacytic		<input type="checkbox"/>			
		Mast Cells		<input type="checkbox"/>			
		Eosinophilic		<input type="checkbox"/>			
		Other, see comment		<input type="checkbox"/>			
	Site	Dermal	Papillary dermis		<input type="checkbox"/>		
			Reticular dermis		<input type="checkbox"/>		
		Follicular	Follicular phase	Level of Inflammation			
				Anagen	Upper Dermis		Lower dermis
			infundib		<input type="checkbox"/>	Suprabulb	<input type="checkbox"/>
isthmus			<input type="checkbox"/>	Bulb	<input type="checkbox"/>		
			Subbulb		<input type="checkbox"/>		
Telogen/catagen			Upper Dermis		Lower dermis		
			infundib	<input type="checkbox"/>	Suprabulb	<input type="checkbox"/>	
			isthmus	<input type="checkbox"/>	Bulb	<input type="checkbox"/>	
				Subbulb		<input type="checkbox"/>	
Interfollicular		Interstitial		<input type="checkbox"/>			
	Periadnexal		<input type="checkbox"/>				
	Perivasular		<input type="checkbox"/>				
	Subcutaneous		<input type="checkbox"/>				

Epithelial Changes	Epidermal	Absent		<input type="checkbox"/>	
		Spongiosis		<input type="checkbox"/>	
		Lichenoid		<input type="checkbox"/>	
		Vacuolar		<input type="checkbox"/>	
		Other		<input type="checkbox"/>	
	Follicular	Absent		<input type="checkbox"/>	
		Spongiosis		<input type="checkbox"/>	
		Lichenoid		<input type="checkbox"/>	
		Vacuolar		<input type="checkbox"/>	
		Other		<input type="checkbox"/>	

Perifollicular fibrosis	Upper dermis	Absent		<input type="checkbox"/>	
		Concentric lamellar fibroplasia		<input type="checkbox"/>	
		Mucinous fibroplasia		<input type="checkbox"/>	
		Hyalinization		<input type="checkbox"/>	

fibrous tissue	Perifollicular fibrosis	Absent	<input type="checkbox"/>		
		Lower dermis	Concentric lamellar fibroplasia		<input type="checkbox"/>
			Mucinous fibroplasia		<input type="checkbox"/>
			Hyalinization		<input type="checkbox"/>
	Fibrous tract	Absent	<input type="checkbox"/>		
		Fibrovascular	<input type="checkbox"/>		
		Hyalinized	<input type="checkbox"/>		
		Mucinous / elastotic	<input type="checkbox"/>		

Interstitial	Interfollicular mucin	Absent	<input type="radio"/>	
		Mild	<input type="radio"/>	
		Moderate	<input type="radio"/>	
			<input type="radio"/>	
		Marked	<input type="radio"/>	
	Elastic fiber pattern	Normal	<input type="checkbox"/>	
		Perifollicular Scar	<input type="checkbox"/>	
		Superficial perifollicular wedge shaped scar	<input type="checkbox"/>	
		Thickened elastic fibers throughout the dermis	<input type="checkbox"/>	
		Diffuse scar (involves interfollicular dermis)	<input type="checkbox"/>	
Other, see comment	<input type="checkbox"/>			

Comment: _____

Diagnosis: _____

Acceptable Synonyms for diagnosis (if any): _____