



Reporting Protocol for the Examination of Gross Autopsy of Adult Decedents

Version: 1.0.0.0

Protocol Posting Date: December 2023

The use of this protocol is recommended for clinical care purposes but is not required for accreditation purposes.

The aim of this protocol is to improve the completeness, clarity, and portability of autopsy reporting while being mindful of the wide range of practice settings in which the data in the report is generated and disseminated.

The Autopsy Adult CNS template can be used when reporting CNS results separately from the Adult Autopsy report.

This protocol may be used for the following procedures AND tumor types:

Procedure	Description
Adult Autopsy	Patient ID and consent, external examination, autopsy procedure, organ systems, neuropathology findings of the brain and spinal cord, ancillary testing, tissue retention

The following should NOT be reported using this protocol:

Procedure
Perinatal Autopsies
Pediatric Autopsies

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With guidance from the CAP Cancer and CAP Pathology Electronic Reporting Committees.

* Denotes primary author.

Accreditation Requirements

The use of this case summary is recommended for clinical care purposes but is not required for accreditation purposes. The core and conditional data elements are routinely reported. Non-core data elements are indicated with a plus sign (+) to allow for reporting information that may be of clinical value.

Summary of Changes

v 1.0.0.0

- New protocol

AUTOPSY: Adult Reporting Template

Protocol Posting Date: December 2023

Select a single response unless otherwise indicated.

CASE SUMMARY: (AUTOPSY: Adult)

This case summary may be useful for reporting autopsy findings but is not required for accreditation purposes. (Note [A](#))

PATIENT IDENTIFICATION AND AUTOPSY CONSENT (Note [A](#))

Patient Name: _____

Consent and Patient ID Reviewed by (select all that apply)

___ Physician: _____

___ Other (specify): _____

Unique Patient Identifiers Reviewed (select all that apply)

Select at least two identifiers

___ Patient name

___ Date of birth (DOB)

___ Medical Record Number (MRN)

___ Other (specify): _____

Autopsy Type

___ Complete with brain

___ Complete without brain (limited autopsy)

___ Brain only

___ Chest only

___ Abdomen only

___ Restricted autopsy (specify, if possible): _____

___ Other (specify): _____

Name of Consenter: _____

Relationship to the Deceased: _____

+Patient Identification and Autopsy Consent Comment: _____

PRIOR POSTMORTEM PROCEDURES

Organ or Tissue Donation (required only if applicable) (select all that apply)

___ Not applicable

___ Corneas

___ Skin

___ Bone and soft tissue (specify, if possible): _____

___ Organ(s) (specify): _____

___ Other (specify): _____

Funerary Preparation (required only if applicable) (select all that apply)

- Not applicable
- Eye caps
- Jaws wired or sewn closed
- Evidence of embalming (specify, if possible): _____
- Other (specify): _____

EXTERNAL EXAMINATION (Note [B](#))

General Appearance

- Obese
- Well-developed
- Cachectic
- Other (specify): _____

Edema

- Not identified
- Peripheral (specify, if possible): _____
- Generalized (specify, if possible): _____
- Anasarca (entire body): _____
- Other (specify): _____

Age

- Appearance consistent with staged age of (specify): _____ years
- Other (specify): _____

Skin Tone

- Light
- Dark
- Vitiligo (specify, if possible): _____
- Other (specify): _____

Race

- Caucasian
- African American
- Hispanic
- Asian
- Other (specify): _____
- Unknown

Sex

- Male
- Female
- Other (specify): _____

Body Weight in Kilograms (kg)#: _____ kg

One pound is equal to 0.454 kilograms

Body Length in Centimeters (cm): _____ cm

Body Mass Index (BMI)#: _____
Use formula $weight (kg) / [height (cm)]^2 \times 10,000$

Scar(s)

___ Not identified
___ Present (specify, if possible): _____

Incision(s)

___ Not identified
___ Present (specify, if possible): _____

Skin Abnormalities (select all that apply)

___ Not identified
___ Skin graft(s) (specify, if possible): _____
___ Petechial hemorrhage(s) (specify, if possible): _____
___ Icterus (yellow jaundice) (specify, if possible): _____
___ Decubitus ulcer(s) (specify, if possible): _____
___ Other (specify): _____

+Tattoo(s)

___ Not identified
___ Present (specify, if possible): _____

Lymphadenopathy

___ Not identified
___ Present (specify, if possible): _____

Hair

___ Absent
___ Balding (specify pattern, if possible): _____
___ Short length: _____
___ Medium length: _____
___ Long length: _____
___ Other (specify): _____

Hair Color

___ Black
___ Brown
___ Blond
___ Grey
___ Other (specify): _____

+Eyelids (select all that apply)

___ Unremarkable
___ Other (specify): _____

Eye Color / Abnormalities (select all that apply)

- Evidence of corneal donation
- Brown
- Blue
- Hazel
- Green
- Intraocular lens (IOL implant): _____
- Excessive corneal clouding / opacification
- Arcus senilis
- Other (specify): _____

Pupils

- Symmetric
- Asymmetric (specify, if possible): _____

Sclerae

- Anicteric (clear without significant discoloration)
- Icteric (yellow jaundice)
- Other (specify): _____

Ears

- Unremarkable
- Other (specify): _____

Nose

- Unremarkable
- Other (specify): _____

Oral Cavity (select all that apply)

- Good dentition
- Poor dentition
- Dentures
- Partial denture or bridge: _____
- Edentulous
- Other (specify): _____

External Genitalia

- Phenotypically male
- Phenotypically female
- Other (specify): _____

Extremities (select all that apply)

- Well-developed and symmetric: _____
- Amputation(s) (specify, if possible): _____
- Other (specify): _____

+Mid-Calf Circumference (greatest calf circumference) (select all that apply)

- Not examined
- Right (Centimeters): _____ cm
- Left (Centimeters): _____ cm

Toenails / Fingernails (select all that apply)

- Unremarkable
- Nail clubbing: _____
- Hyperkeratosis (thickened): _____
- Onychomycosis (fungus): _____
- Koilonychia (indented): _____
- Splinter hemorrhage(s): _____
- Other (specify): _____

Back

- Unremarkable
- Decubitus ulcer(s) (specify, if possible): _____
- Other (specify): _____

Evidence of Medical Intervention (select all that apply)

- Not identified
- Recent surgery (specify, if possible): _____
- Nasogastric tube
- Percutaneous endoscopic gastrostomy (PEG) tube
- Endotracheal tube
- Foley catheter
- Urine collection bag (specify volume and color of urine, if possible): _____
- Fecal collection bag (specify volume, color, and consistency of stool, if possible): _____
- Electrocardiogram pad(s) (specify number, if possible): _____
- Defibrillator pad(s) (specify number, if possible): _____
- Single lumen intravascular catheter (specify number and location(s), if possible): _____
- Triple lumen intravascular catheter (specify number and location(s), if possible): _____
- Peripherally inserted central catheter (PICC) line (specify location, if possible): _____
- Pulse oximeter sensor (specify location, if possible): _____
- Implantable cardiac device (specify type, serial number, model number, and location, if possible): _____
- Chemotherapy port (specify location, if possible): _____
- Other (specify): _____

Personal Effects (select all that apply)

- Not present
- Glasses
- Dentures
- Hearing aids
- Jewelry (specify, if possible): _____
- Other (specify): _____

+External Exam Comment: _____

AUTOPSY PROCEDURE

+Approach to Autopsy Dissection Method

- Rokitansky (removal of organs as one block)
- Virchow (removal of organs one by one)
- Modified (en block approach to specific organ(s)): _____
- Other (specify): _____

+Special Dissection

- None
- Other (specify): _____

+Autopsy Incision

- Standard Y-shape
- Modified Y-shape
- I-shape
- T-shape
- Other (specify): _____

BODY CAVITIES

Organs in Normal Anatomic Positions

- Not examined (autopsy limited)
- Yes
- No
- Other (specify): _____

+Greatest Abdominal Panniculus Thickness (specify in Centimeters): _____ cm

Peritoneal Fluid

- Not examined (autopsy limited)
- None
- Volume (Milliliters): _____ ml

Appearance

- Serous (clear)
- Cloudy
- Serosanguineous (blood-tinged)
- Sanguineous (bloody)
- Other (specify): _____

Peritoneal Surfaces (select all that apply)

- Not examined (autopsy limited)
- Smooth
- Adhesions (specify, if possible): _____
- Nodule(s) (specify quantity, size, and distribution, if possible): _____
- Plaque(s) (specify, if possible): _____
- Exudate (specify, if possible): _____
- Other (specify): _____

Right Pleural Fluid

- Not examined (autopsy limited)
- Not identified
- Volume (Milliliters): _____ ml

Appearance

- Serous (clear)
- Cloudy
- Serosanguineous (blood-tinged)
- Sanguineous (bloody)
- Other (specify): _____

Right Pleural Cavity (select all that apply)

- Not examined (autopsy limited)
- Smooth
- Adhesions (specify, if possible): _____
- Nodule(s) (specify quantity, size, and distribution, if possible): _____
- Plaque(s) (specify, if possible): _____
- Exudate (specify, if possible): _____
- Other (specify): _____

Left Pleural Fluid

- Not examined (autopsy limited)
- Not identified
- Volume (Milliliters): _____ ml

Appearance

- Serous (clear)
- Cloudy
- Serosanguineous (blood-tinged)
- Sanguineous (bloody)
- Other (specify): _____

Left Pleural Cavity (select all that apply)

- Not examined (autopsy limited)
- Smooth
- Adhesions (specify, if possible): _____
- Nodule(s) (specify quantity, size, and distribution, if possible): _____
- Plaque(s) (specify, if possible): _____
- Exudate (specify, if possible): _____
- Other (specify): _____

+Body Cavity Comment: _____

CARDIOVASCULAR SYSTEM (Note C)

Reference the CAP Organ and Weight Tables (<https://documents.cap.org/documents/cap-organ-weight-tables.pdf>) for recommended organ weight standards.

Heart Weight in Grams (g) (specify) (required only if applicable): _____ g

Pericardium (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes a tan, smooth, intact pericardium.*
- Unremarkable#
- Disrupted (specify, if possible): _____
- Adhesions (specify, if possible): _____
- Plaque(s) (specify, if possible): _____
- Exudate (specify, if possible): _____
- Other (specify): _____

Pericardial Fluid

- Not examined (autopsy limited)
- Not identified
- Volume in Milliliters (ml): _____ ml

Appearance

- Serous (clear)
- Cloudy
- Serosanguineous (blood-tinged)
- Sanguineous (bloody)
- Other (specify): _____

+Epicardial Fat

- # Unremarkable includes a normal amount of yellow adipose tissue.*
- Unremarkable#
- Increased
- Decreased
- Other (specify): _____

Epicardial Surface (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes a smooth, glistening, intact epicardial surface.*
- Unremarkable#
- Roughened (specify, if possible): _____
- Hemorrhagic (specify, if possible) : _____
- Other (specify): _____

Coronary Ostia

- Not examined (autopsy limited)
- # Unremarkable includes normally positioned, patent right and left ostia.*
- Unremarkable#
- Occluded (specify, if possible): _____
- Other (specify): _____

+Foramen Ovale

- Closed
- Probe patent
- Other (specify): _____

Coronary Arteries Anatomic Course

___ Not examined (autopsy limited)

Unremarkable includes the two primary arteries; the right coronary artery (RCA) and the left main coronary artery (LMCA) both originate from the root of the aorta.

___ Unremarkable#

___ Anomalous (abnormality or malformation) (specify, if possible): _____

___ Other (specify): _____

Coronary Circulation

___ Not examined (autopsy limited)

___ Right dominant

___ Left dominant

___ Co-dominant

Left Main Coronary Artery (LMCA)

___ Not examined (autopsy limited)

Unremarkable includes patent, non-calcified vessel.

___ Unremarkable#

___ Coronary atherosclerosis present

Percent Stenosis: _____ %

+Pattern of Stenosis

___ Focal (specify, if possible): _____

___ Multifocal (specify, if possible): _____

___ Diffuse

Acute Plaque Changes

___ Present (specify, if possible): _____

___ Absent

+Lesion Type

___ Eccentric

___ Concentric

Thrombus

___ Present (specify, if possible): _____

___ Absent

___ Other (specify): _____

Left Circumflex Artery (LCX)

___ Not examined (autopsy limited)

Unremarkable includes patent, non-calcified vessel.

___ Unremarkable#

___ Coronary atherosclerosis present

Percent Stenosis: _____ %

+Pattern of Stenosis

___ Focal (specify, if possible): _____

___ Multifocal (specify, if possible): _____

___ Diffuse

Acute Plaque Changes

___ Present (specify, if possible): _____

___ Absent

+Lesion Type

___ Eccentric

Concentric

Thrombus

Present (specify, if possible): _____

Absent

Other (specify): _____

Left Anterior Descending Artery (LAD)

Not examined (autopsy limited)

Unremarkable includes patent, non-calcified vessel.

Unremarkable#

Coronary atherosclerosis present

Percent Stenosis: _____ %

+Pattern of Stenosis

Focal (specify, if possible): _____

Multifocal (specify, if possible): _____

Diffuse

Acute Plaque Changes

Present (specify, if possible): _____

Absent

+Lesion Type

Eccentric

Concentric

Thrombus

Present (specify, if possible): _____

Absent

Other (specify): _____

Right Coronary Artery (RCA)

Not examined (autopsy limited)

Unremarkable includes patent, non-calcified vessel.

Unremarkable#

Coronary atherosclerosis present

Percent Stenosis: _____ %

+Pattern of Stenosis

Focal (specify, if possible): _____

Multifocal (specify, if possible): _____

Diffuse

Acute Plaque Changes

Present (specify, if possible): _____

Absent

+Lesion Type

Eccentric

Concentric

Thrombus

Present (specify, if possible): _____

Absent

Other (specify): _____

+Right Posterior Descending Artery (RPDA)

Unremarkable includes patent, non-calcified vessel.

___ Unremarkable#

___ Coronary atherosclerosis present

+Percent Stenosis: _____ %

+Pattern of Stenosis

___ Focal (specify, if possible): _____

___ Multifocal (specify, if possible): _____

___ Diffuse

+Acute Plaque Changes

___ Present (specify, if possible): _____

___ Absent

+Lesion Type

___ Eccentric

___ Concentric

+Thrombus

___ Present (specify, if possible): _____

___ Absent

___ Other (specify): _____

Coronary Artery Procedures (required only if applicable) (select all that apply)

___ Not applicable

___ Coronary artery bypass graft(s) (specify type(s), number, and location(s), if possible): _____

___ Coronary stent(s) (specify, if possible): _____

___ Other (specify): _____

Chamber Dilation

___ Not examined (autopsy limited)

___ Present

Specify Chamber Location(s) (select all that apply)

___ Right atrium: _____

___ Left atrium: _____

___ Right ventricle: _____

___ Left ventricle: _____

___ Other (specify): _____

___ Absent

___ Other (specify): _____

Tricuspid Valve

Leaflets (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes thin, delicate, intact leaflets with no gross abnormality.

___ Unremarkable#

___ Disrupted (specify, if possible): _____

___ Vegetations

+Specify Location: _____

+Size in Centimeters (cm): _____ cm

___ Valve replacement / repair (specify, if possible): _____

___ Other (specify): _____

Chordae Tendinae (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes thin, pliable, intact chordae with no gross abnormality.*
- Unremarkable#
- Thickened: _____
- Fused: _____
- Other (specify): _____

Annulus

- Not examined (autopsy limited)
- Tricuspid valve circumference in Centimeters (cm): _____ cm
- Other (specify): _____

Pulmonic Valve

Leaflets (cusps) (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes thin, delicate, intact leaflets (cusps) with no gross abnormality.*
- Unremarkable#
- Disrupted (specify, if possible): _____
- Cusp abnormality (specify, if possible): _____
- Vegetations
- +Specify Location:** _____
- +Size in Centimeters (cm):** _____ cm
- Valve replacement / repair (specify, if possible): _____
- Other (specify): _____

Annulus

- Not examined (autopsy limited)
- Pulmonic valve circumference in Centimeters (cm): _____ cm
- Other (specify): _____

Mitral Valve

Leaflets (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes thin, delicate, intact leaflets with no gross abnormality.*
- Unremarkable#
- Disrupted (specify, if possible): _____
- Vegetations
- +Specify Location:** _____
- +Size in Centimeters (cm):** _____ cm
- Valve replacement / repair (specify, if possible): _____
- Other (specify): _____

Chordae Tendinae (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes thin, pliable, intact chordae with no gross abnormality.*
- Unremarkable#
- Thickened: _____
- Fused: _____
- Other (specify): _____

Annulus

- Not examined (autopsy limited)
- Mitral valve circumference in Centimeters (cm): _____ cm

___ Other (specify): _____

Aortic Valve

Leaflets (cusps) (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes thin, delicate, intact leaflets (cusps) with no gross abnormality.

___ Unremarkable#

___ Disrupted (specify, if possible): _____

___ Cusp abnormality (specify, if possible): _____

___ Vegetations

+Specify Location: _____

+Size in Centimeters (cm): _____ cm

___ Valve replacement / repair (specify, if possible): _____

___ Other (specify): _____

Annulus

___ Not examined (autopsy limited)

___ Aortic valve circumference in Centimeters (cm): _____ cm

___ Other (specify): _____

Myocardium (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes firm, red-brown appearance with no gross area of softening, fibrosis, hemorrhage, or discoloration.

___ Unremarkable#

___ Discoloration

+ ___ Gross appearance (specify): _____

+ ___ Location (specify): _____

+ ___ Size in Centimeters (cm): _____ cm

___ Hemorrhage

+ ___ Gross appearance (specify): _____

+ ___ Location (specify): _____

+ ___ Size in Centimeters (cm): _____ cm

___ Fibrosis

+ ___ Gross appearance (specify): _____

+ ___ Location (specify): _____

+ ___ Size (Centimeters): _____ cm

___ Other (specify): _____

Endocardium

___ Not examined (autopsy limited)

Unremarkable includes a smooth, glistening, thin appearance.

___ Unremarkable#

___ Thickened

___ Other (specify): _____

Ventricular Measurements

Left Ventricular Free Wall in Centimeters (cm) (required only if applicable): _____ cm

Right Ventricular Ventricular Free Wall in Centimeters (cm) (required only if applicable): _____ cm

Intraventricular Septum in Centimeters (cm) (required only if applicable): _____ cm

Pulmonary Artery (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*
- Unremarkable#
- Embolus present (specify, if possible): _____
- Atherosclerosis present (specify mild, moderate, or severe, if possible): _____
- Other (specify): _____

Ascending Aorta (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*
- Unremarkable#
- Atherosclerosis present (specify mild, moderate, or severe, if possible): _____
- Ascending thoracic aneurysm (specify size and type, if possible): _____
- Repair (specify, if possible): _____
- Other (specify): _____

Major Arteries Arising from Aortic Arch (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*
- Unremarkable#
- Atherosclerosis present (specify mild, moderate, or severe and involved vessel(s), if possible): _____
- Other (specify): _____

Thoracic Aorta (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*
- Unremarkable#
- Atherosclerosis present (specify mild, moderate, or severe, if possible): _____
- Descending thoracic aneurysm (specify type and size, if possible) : _____
- Repair (specify, if possible): _____
- Other (specify): _____

Abdominal Aorta (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes normal caliber and configuration with no atherosclerosis or lesion.*
- Unremarkable#
- Atherosclerosis present (specify mild, moderate, or severe, if possible): _____
- Abdominal aortic aneurysm (specify type and size, if possible): _____
- Repair (specify, if possible): _____
- Other (specify): _____

Venae Cavae (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes normal caliber and configuration, and patent.*
- Unremarkable#
- Obstructed (specify, if possible): _____
- Stenotic (specify, if possible): _____
- Thin-walled: _____

___ Thrombus present (specify, if possible): _____
 ___ Inferior vena cava filter (specify, if possible): _____
 ___ Other (specify): _____

+Cardiovascular System Comment: _____

RESPIRATORY SYSTEM (Note D)

Reference the CAP Organ and Weight Tables (<https://documents.cap.org/documents/cap-organ-weight-tables.pdf>) for recommended organ weight standards.

Epiglottis, Larynx, Trachea

___ Not examined (autopsy limited)
 # Unremarkable includes normal anatomic configuration and no gross abnormality.
 ___ Unremarkable#
 ___ Other (specify): _____

Right Lung Weight in Grams (g) (required only if applicable): _____ g

Left Lung Weight in Grams (g) (required only if applicable): _____ g

+Lung Fixation

___ Airway formalin perfusion technique
 ___ Vascular formalin perfusion technique
 ___ Cut fresh
 ___ Other (specify): _____

Right Pleural Surface (select all that apply)

___ Not examined (autopsy limited)
 # Unremarkable includes tan-pink, smooth pleural surfaces with minimal anthracosis.
 ___ Unremarkable#
 ## Specify location as Right Upper Lobe (RUL), Right Middle Lobe (RML), and / or Right Lower Lobe (RLL).
 ___ Adhesions (specify, if possible)## : _____
 ___ Nodule(s) (specify quantity, size, and distribution, if possible)##: _____
 ___ Plaque(s) (specify, if possible)##: _____
 ___ Exudate (specify, if possible)##: _____
 ___ Anthracosis (specify, if possible)##: _____
 ___ Area of retraction (specify, if possible)##: _____
 ___ Bleb(s) (specify, if possible)##: _____
 ___ Other (specify): _____

Right Lung Parenchyma (select all that apply)

___ Not examined (autopsy limited)
 # Unremarkable includes tan-pink and crepitant parenchyma with no gross abnormalities.
 ___ Unremarkable#
 ## Specify location as Right Upper Lobe (RUL), Right Middle Lobe (RML), and / or Right Lower Lobe (RLL), and whether the involvement is central or peripheral.
 ___ Congested (specify, if possible)##: _____
 ___ Edematous (specify, if possible)##: _____
 ___ Consolidated (specify, if possible)##: _____

- Cavitation (specify, if possible)##: _____
- Mass or masses (specify, if possible)##: _____
- Emphysematous change (specify, if possible)##: _____
- Infarct(s) (specify, if possible)##: _____
- Other (specify): _____

Left Pleural Surface (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes tan-pink, smooth pleural surfaces with minimal anthracosis.*
- Unremarkable#
- ## Specify location as Left Upper Lobe (LUL) and / or Left Lower Lobe (LLL).*
- Adhesions (specify, if possible)## : _____
- Nodule(s) (specify quantity, size, and distribution, if possible)##: _____
- Plaque(s) (specify, if possible)##: _____
- Exudate (specify, if possible)##: _____
- Anthracosis (specify, if possible)##: _____
- Area of retraction (specify, if possible)##: _____
- Bleb(s) (specify, if possible)##: _____
- Other (specify): _____

Left Lung Parenchyma (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes tan-pink and crepitant parenchyma with no gross abnormalities.*
- Unremarkable#
- ## Specify location as Left Upper Lobe (LUL), and / or Left Lower Lobe (LLL), and whether the involvement is central or peripheral.*
- Congested (specify, if possible)##: _____
- Edematous (specify, if possible)##: _____
- Consolidated (specify, if possible)##: _____
- Cavitation (specify, if possible)##: _____
- Mass or masses (specify, if possible)##: _____
- Emphysematous change (specify, if possible)##: _____
- Infarct(s) (specify, if possible)##: _____
- Other (specify): _____

Bronchi (select all that apply)

- Not examined (autopsy limited)
- # Unremarkable includes tan, smooth, and patent with no branching anomalies.*
- Unremarkable#
- Congested (specify lung(s), if possible): _____
- Edematous (specify lung(s), if possible): _____
- Hemorrhagic (specify lung(s), if possible): _____
- Obstructed (specify lung(s), if possible): _____
- Other (specify): _____

Pulmonary Arteries

Atherosclerosis

- Not examined (autopsy limited)
- Not identified
- Present (specify extent, if possible): _____

___ Other (specify): _____

Pulmonary Emboli

___ Not examined (autopsy limited)

___ Not identified

___ Present (specify, if possible): _____

___ Other (specify): _____

+Respiratory System Comment: _____

DIGESTIVE SYSTEM (Note [E](#))

+Tongue

___ Not examined

Unremarkable includes papillated, smooth appearance with no gross abnormality.

___ Unremarkable#

___ Other (specify): _____

Esophagus (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes normal anatomic configuration, tan-white, intact mucosa with the usual longitudinal folds and a well-demarcated squamocolumnar junction.

___ Unremarkable#

___ Congested mucosa (specify, if possible): _____

___ Edematous mucosa (specify, if possible): _____

___ Hemorrhagic mucosa (specify, if possible): _____

___ Mucosal flattening (specify, if possible): _____

___ Mucosal autolysis (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Stricture (specify, if possible): _____

___ Dilated (specify, if possible): _____

___ Esophageal varices (specify, if possible): _____

___ Anastomosis (specify, if possible): _____

___ Adventitial exudate (specify, if possible): _____

___ Other (specify): _____

Stomach (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes normal anatomic configuration, tan mucosa with normal rugal folds, and a tan, smooth serosa.

___ Unremarkable#

___ Congested mucosa (specify, if possible): _____

___ Edematous mucosa (specify, if possible): _____

___ Hemorrhagic mucosa (specify, if possible): _____

___ Mucosal flattening (specify, if possible): _____

___ Mucosal autolysis (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Obstruction (specify, if possible): _____

___ Dilated (specify, if possible): _____

___ Hiatal hernia (specify, if possible): _____

___ Bypass (specify, if possible): _____

___ Anastomosis (specify, if possible): _____

Serosal adhesions (specify, if possible): _____
 Serosal exudate (specify, if possible): _____
 Other (specify): _____
Gastric Contents: _____

Appendix

Not examined (autopsy limited)
 Surgically absent
Unremarkable includes a vermiform appendix with a tan, smooth unremarkable mucosa and serosa, and the absence of luminal mucin.
 Unremarkable#
 Other (specify): _____

Small Bowel (select all that apply)

Not examined (autopsy limited)
Unremarkable includes normal anatomic configuration, tan to tan-green mucosa with normal folds, and a tan, smooth serosa.
 Unremarkable#
 Congested mucosa (specify, if possible): _____
 Edematous mucosa (specify, if possible): _____
 Hemorrhagic mucosa (specify, if possible): _____
 Mucosal flattening (specify, if possible): _____
 Mucosal autolysis (specify, if possible): _____
 Lesion(s) (specify, if possible): _____
 Meckel's diverticulum (specify, if possible): _____
 Dilated (specify, if possible): _____
 Stricture (specify, if possible): _____
 Bypass (specify, if possible): _____
 Anastomosis (specify, if possible): _____
 Serosal adhesions (specify, if possible): _____
 Serosal exudate (specify, if possible): _____
 Ischemic change(s) (specify, if possible): _____
 Other (specify): _____
Small Bowel Contents (required only if applicable): _____

Large Bowel (select all that apply)

Not examined (autopsy limited)
Unremarkable includes normal anatomic configuration, tan mucosa with normal folds, and tan, smooth serosa.
 Unremarkable#
 Congested mucosa (specify, if possible): _____
 Edematous mucosa (specify, if possible): _____
 Hemorrhagic mucosa (specify, if possible): _____
 Mucosal flattening (specify, if possible): _____
 Mucosal autolysis (specify, if possible): _____
 Lesion(s) (specify, if possible): _____
 Diverticula (specify, if possible): _____
 Dilated (specify, if possible): _____
 Stricture (specify, if possible): _____
 Anastomosis (specify, if possible): _____
 Serosal adhesions (specify, if possible): _____

___ Serosal exudate (specify, if possible): _____
 ___ Ischemic change(s) (specify, if possible): _____
 ___ Other (specify): _____

Large Bowel Contents (required only if applicable): _____

Liver Weight in Grams (g) (required only if applicable)#: _____ **g**

Reference the CAP Organ and Weight Tables (<https://documents.cap.org/documents/cap-organ-weight-tables.pdf>) for recommended organ weight standards.

Liver (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes a brown, smooth, glistening, and intact capsule with brown, homogeneous, solid parenchyma.

___ Unremarkable#
 ___ Congested parenchyma (nutmeg liver): _____
 ___ Fatty parenchyma (pale tan-yellow): _____
 ___ Nodular parenchyma (specify quantity, size, and distribution, if possible): _____
 ___ Lesion(s) (specify, if possible): _____
 ___ Indurated parenchyma (specify, if possible): _____
 ___ Capsular defect (specify, if possible): _____
 ___ Capsular nodularity (specify, if possible): _____
 ___ Other (specify): _____

Gallbladder (select all that apply)

___ Not examined (autopsy limited)

___ Surgically absent

Unremarkable includes an intact wall without evidence of thickening, and tan-green velvety mucosa, viscous bile, with a patent cystic duct.

___ Unremarkable#
 ___ Congested mucosa (specify, if possible): _____
 ___ Edematous mucosa (specify, if possible): _____
 ___ Hemorrhagic mucosa (specify, if possible): _____
 ___ Lesion(s) (specify, if possible): _____
 ___ Indurated (specify, if possible): _____
 ___ Wall thickened (specify, if possible): _____
 ___ Serosal adhesions (specify, if possible): _____
 ___ Serosal exudate (specify, if possible): _____
 ___ Other (specify): _____

Gallbladder Contents (required only if applicable): _____

Extrahepatic Biliary System

___ Not examined (autopsy limited)

Unremarkable includes patency of the common hepatic duct, common bile duct, and cystic duct.

___ Unremarkable#
 ___ Other (specify): _____

Hepatic Vasculature

___ Not examined (autopsy limited)

Unremarkable includes patency of the portal vein, hepatic arteries, and hepatic veins.

___ Unremarkable#

___ Other (specify): _____

Pancreas (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes tan, lobular parenchyma and probe patent duct(s).

___ Unremarkable#

___ Fat necrosis present (specify, if possible): _____

___ Autolysis present (specify, if possible): _____

___ Indurated (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Occluded duct(s) (specify, if possible): _____

___ Other (specify): _____

+Digestive System Comment: _____

URINARY SYSTEM (Note F)

The kidneys should be weighed after the removal of the capsule and perinephric adipose tissue. Reference the CAP Organ and Weight Tables (<https://documents.cap.org/documents/cap-organ-weight-tables.pdf>) for recommended organ weight standards.

Right Kidney Weight in Grams (g) (required only if applicable): _____ g

Right Kidney Cortical Surface (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes a red-brown, smooth appearance. Fetal lobulations may be present.

___ Unremarkable#

___ Granular / pitted (specify degree, if possible): _____

___ Scar(s) (specify, if possible): _____

___ Cyst(s) (specify, if possible): _____

___ Other (specify): _____

Right Kidney Cortex Thickness in Centimeters (cm) (required only if applicable): _____ cm

Right Kidney Parenchyma (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes red-brown appearance and well-demarcated to ill-defined corticomedullary junctions.

___ Unremarkable#

___ Cyst(s) (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Infarct(s) (specify, if possible): _____

___ Other (specify): _____

Right Kidney Calyces (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes no dilation, lesion or calculi.

___ Unremarkable#

___ Dilated (specify, if possible): _____

___ Calculus or calculi (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Other (specify): _____

Right Ureter (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes a patent lumen of normal caliber and a tan, smooth urothelium.

___ Unremarkable#

___ Dilated (specify, if possible): _____

___ Stricture (specify, if possible): _____

___ Calculus or calculi (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Other (specify): _____

Right Renal Vasculature (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes patent renal vein and artery, with no gross evidence of arterial atherosclerosis.

___ Unremarkable#

___ Atherosclerosis (specify degree, if possible): _____

___ Thrombus (specify, if possible): _____

___ Embolus (specify, if possible): _____

___ Other (specify): _____

Left Kidney Weight in Grams (g) (required only if applicable): _____ g

Left Kidney Cortical Surface (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes a red-brown, smooth appearance. Fetal lobulations may be present.

___ Unremarkable#

___ Granular / pitted (specify degree, if possible): _____

___ Scar(s) (specify, if possible): _____

___ Cyst(s) (specify, if possible): _____

___ Other (specify): _____

Left Kidney Cortex Thickness in Centimeters (cm) (required only if applicable): _____ cm

Left Kidney Parenchyma (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes red-brown appearance and well-demarcated to ill-defined corticomedullary junctions.

___ Unremarkable#

___ Cyst(s) (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Infarct(s) (specify, if possible): _____

___ Other (specify): _____

Left Kidney Calyces (select all that apply)

___ Not examined (autopsy limited)

Unremarkable includes no dilation, lesion, or calculi.

___ Unremarkable#

___ Dilated (specify, if possible): _____

___ Calculus or calculi (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____
___ Other (specify): _____

Left Ureter (select all that apply)

___ Not examined (autopsy limited)
Unremarkable includes patent lumen of normal caliber and a tan, smooth urothelium.
___ Unremarkable#
___ Dilated (specify, if possible): _____
___ Stricture (specify, if possible): _____
___ Calculus or calculi (specify, if possible): _____
___ Lesion(s) (specify, if possible): _____
___ Other (specify): _____

Left Renal Vasculature (select all that apply)

___ Not examined (autopsy limited)
Unremarkable includes a patent renal vein and artery, with no gross evidence of arterial atherosclerosis.
___ Unremarkable#
___ Atherosclerosis (specify degree, if possible): _____
___ Thrombus (specify, if possible): _____
___ Embolus (specify, if possible): _____
___ Other (specify): _____

Bladder (select all that apply)

___ Not examined (autopsy limited)
Unremarkable includes normal anatomic contour and size with a tan, smooth mucosa.
___ Unremarkable#
___ Congested mucosa (specify, if possible): _____
___ Edematous mucosa (specify, if possible): _____
___ Hemorrhagic mucosa (specify, if possible): _____
___ Lesion(s) (specify, if possible): _____
___ Dilated (specify, if possible): _____
___ Contracted (specify, if possible): _____
___ Other (specify): _____
+Specify Volume of Urine in Milliliters (ml): _____ ml

+Urinary System Comment: _____

MALE REPRODUCTIVE SYSTEM

Male Reproductive Organs (required if applicable)

___ Not applicable
___ Present

Prostate (select all that apply)

___ Not examined (autopsy limited)
___ Surgically absent
Unremarkable includes a prostate gland of normal size and contour with tan, smooth, fibromuscular stroma, and normal appearing vasa differantia and seminal vesicles.
___ Unremarkable#

Nodular stroma (specify nodule quantity, size, and distribution, if possible): _____
 Lesion(s) (specify, if possible): _____
 Brachytherapy seeds (specify, if possible): _____
 Enlarged (specify, if possible): _____
 Other (specify): _____
+Prostate Weight in Grams (g): _____ g

Right Testis (select all that apply)

Not examined (autopsy limited)
 Surgically absent
Unremarkable includes normal anatomic contour and size, tan seminiferous tubules that string with ease, and normal appearing epididymis, tunica, and spermatic cord.
 Unremarkable#
 Seminiferous tubules string with difficulty (specify, if possible): _____
 Lesion(s) (specify, if possible): _____
 Enlarged (specify, if possible): _____
 Atrophic (specify, if possible): _____
 Hydrocele present (specify, if possible): _____
 Other (specify): _____
+Right Testis Weight in Grams (g): _____ g

Left Testis (select all that apply)

Not examined (autopsy limited)
 Surgically absent
Unremarkable includes normal anatomic contour and size, tan seminiferous tubules that string with ease, and normal appearing epididymis, tunica, and spermatic cord.
 Unremarkable#
 Seminiferous tubules string with difficulty (specify, if possible): _____
 Lesion(s) (specify, if possible): _____
 Enlarged (specify, if possible): _____
 Atrophic (specify, if possible): _____
 Hydrocele present (specify, if possible): _____
 Other (specify): _____
+Left Testis Weight in Grams (g): _____ g
 Other (specify): _____

+Male Reproductive System Comment: _____

FEMALE REPRODUCTIVE SYSTEM

Female Reproductive Organs (required if applicable)

Not applicable
 Present
Uterus (select all that apply)
 Not examined (autopsy limited)
 Surgically absent
Unremarkable includes normal anatomic contour and size with a tan, smooth to granular endometrium, and tan, smooth serosa. Uterine size varies with age and menopausal status but a uterus extending beyond pelvic brim may be considered enlarged.
 Unremarkable#

- Thickened endometrium (specify, if possible): _____
- Lesion(s) (specify, if possible): _____
- Thickened myometrium (specify, if possible): _____
- Leiomyoma or leiomyomata present (specify, if possible) : _____
- Adenomyosis (specify, if possible): _____
- Intrauterine device (IUD) (specify, if possible): _____
- Other (specify): _____
- +Uterus Weight in Grams (g): _____ g**

Cervix (select all that apply)

- Not examined (autopsy limited)
- Surgically absent
- # Unremarkable includes a tan, smooth ectocervix with a patent os, and a tan, corrugated endocervical canal with a well-demarcated squamocolumnar junction.*
- Unremarkable#
- Stenotic os (specify, if possible): _____
- Patulous os (specify, if possible): _____
- Ectocervical erythema (specify, if possible): _____
- Nabothian cyst(s) (specify, if possible): _____
- Lesion(s) (specify, if possible): _____
- Other (specify): _____

+Vagina

- Surgically absent
- Not examined
- # Unremarkable vaginal mucosa varies with age. In younger patients, the vaginal mucosal surface appears wrinkled and with increasing age and in menopause, it is smooth.*
- Unremarkable#
- Lesion(s) (specify, if possible): _____
- Other (specify): _____

Right Ovary (select all that apply)

- Not examined (autopsy limited)
- Surgically absent
- # Unremarkable includes a tan, lobular, serosa, and a tan stroma with variable follicular cysts (corpora lutea and albicantia), with decreasing size and increasing number of corpora albicans with age and in the postmenopausal setting).*
- Unremarkable#
- Cyst(s) (specify, if possible): _____
- Lesion(s) (specify, if possible): _____
- Other (specify): _____
- +Right Ovary Weight in Grams (g): _____ g**

Right Fallopian Tube (select all that apply)

- Not examined (autopsy limited)
- Surgically absent
- # Unremarkable includes normal fimbriae, a smooth tan-pink serosa, and a stellate lumen.*
- Unremarkable#
- Paratubal cyst(s) (specify, if possible): _____
- Lesion(s) (specify, if possible): _____
- Evidence of tubal ligation (specify, if possible): _____

___ Other (specify): _____

Left Ovary (select all that apply)

___ Not examined (autopsy limited)

___ Surgically absent

Unremarkable includes a tan, lobular, serosa, and a tan stroma with variable follicular cysts (corpora lutea and albicantia), with decreasing size and increasing number of corpora albicans with age and in the postmenopausal setting).

___ Unremarkable#

___ Cyst(s) (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Other (specify): _____

+Left Ovary Weight in Grams (g): _____ g

Left Fallopian Tube (select all that apply)

___ Not examined (autopsy limited)

___ Surgically absent

Unremarkable includes normal fimbriae, a smooth tan-pink serosa, and a stellate lumen.

___ Unremarkable#

___ Paratubal cyst(s) (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Evidence of tubal ligation (specify, if possible): _____

___ Other (specify): _____

___ Other (specify): _____

+Female Reproductive System Comment: _____

ENDOCRINE SYSTEM

Right Adrenal Gland (select all that apply)

___ Not examined (autopsy limited)

___ Surgically absent

Unremarkable includes a uniform yellow cortex and well-demarcated brown medulla.

___ Unremarkable#

___ Hemorrhagic (specify, if possible): _____

___ Autolyzed

___ Lesion(s) (specify, if possible): _____

___ Other (specify): _____

+Right Adrenal Gland Weight in Grams (g): _____ g

Left Adrenal Gland (select all that apply)

___ Not examined (autopsy limited)

___ Surgically absent

Unremarkable includes a uniform yellow cortex and well-demarcated brown medulla.

___ Unremarkable#

___ Hemorrhagic (specify, if possible)

___ Autolyzed

___ Lesion(s) (specify, if possible): _____

___ Other (specify): _____

+Left Adrenal Gland Weight in Grams (g): _____ g

Thyroid (select all that apply)

- Not examined (autopsy limited)
- Surgically absent or partial surgical absence (specify, if possible): _____
- # Unremarkable includes a symmetrical, normally sized gland consisting of a right and left lobe with red-brown reticulated cut surfaces.*
- Unremarkable#
- Cyst(s) (specify, if possible): _____
- Nodule(s) (specify quantity, size, and distribution, if possible): _____
- Lesion(s) (specify, if possible): _____
- Asymmetrical (specify, if possible): _____
- Enlarged (specify, if possible): _____
- Other (specify): _____
- Thyroid Gland Weight in Grams (g) (required only if applicable): _____ g**

+Parathyroid Glands (select all that apply)

- Not identified
- Number identified (specify): _____
- Size(s) (specify): _____
- Uniform small glands
- Diffusely enlarged glands
- Color (specify): _____
- Other (specify): _____

Right Breast Parenchyma (select all that apply)

- Not examined (autopsy limited)
- Not examined
- Surgically absent
- # Unremarkable includes minimal white fibrous tissue intermixed with yellow glistening adipose tissue, with no gross abnormality.*
- Unremarkable#
- Cyst(s) (specify, if possible): _____
- Increased fibrous tissue (specify, if possible): _____
- Lesion(s) (specify, if possible): _____
- Inverted nipple: _____
- Breast implant present (specify, if possible): _____
- Other (specify): _____

Left Breast Parenchyma (select all that apply)

- Not examined (autopsy limited)
- Not examined
- Surgically absent
- # Unremarkable includes minimal white fibrous tissue intermixed with yellow glistening adipose tissue with no gross abnormality.*
- Unremarkable#
- Cyst(s) (specify, if possible): _____
- Increased fibrous tissue (specify, if possible): _____
- Lesion(s) (specify, if possible): _____
- Inverted nipple: _____
- Breast implant present (specify, if possible): _____

___ Other (specify): _____

+Endocrine System Comment: _____

LYMPHORETICULAR SYSTEM (Note [G](#))

Spleen (select all that apply)

___ Not examined (autopsy limited)

___ Surgically absent

Unremarkable includes a dark red, intact, smooth capsule, dark red pulp with inconspicuous white pulp, and a normal size.

___ Unremarkable#

___ Diffluent (extremely soft and friable)

___ Congested pulp: _____

___ Hemorrhagic pulp: _____

___ Pronounced Malpighian corpuscles: _____

___ Infarct(s) (specify, if possible): _____

___ Lesion(s) (specify, if possible): _____

___ Capsular defect (specify, if possible): _____

___ Other (specify): _____

Spleen Weight in Grams (g) (required only if applicable)#: _____ **g**

Reference the CAP Organ and Weight Tables (<https://documents.cap.org/documents/cap-organ-weight-tables.pdf>) for recommended organ weight standards.

Bone Marrow (select all that apply)

___ Not sampled

Unremarkable includes dark red-yellow soft marrow.

___ Unremarkable#

___ Gelatinous transformation: _____

___ Hardened: _____

___ Other (specify): _____

Lymph Nodes (select all that apply)

___ Not sampled

Unremarkable includes the absence of lymphadenopathy and no gross evidence of metastasis or primary tumor in lymph nodes.

___ Unremarkable#

___ Enlarged (specify, if possible): _____

___ Gross evidence of tumor (specify, if possible): _____

___ Matted (specify, if possible): _____

___ Other (specify): _____

+Lymphoreticular System Comment: _____

MUSCULOSKELETAL SYSTEM (Note H)**Diaphragm** Not examined (autopsy limited)

Unremarkable includes a red-brown, smooth, domed contour with no defects or lesions.

 Unremarkable# Other (specify): _____**Skeletal Muscle (select all that apply)** Not examined (autopsy limited)

Unremarkable includes a red-brown, firm appearance appropriate for age and gender.

 Unremarkable# Atrophy (specify, if possible): _____ Other (specify): _____**Calvarium (select all that apply)** Not examined (autopsy limited)

Unremarkable includes a tan, hard, smooth, intact surface and normal thickness.

 Unremarkable# Thickening (specify, if possible): _____ Thinning (specify, if possible): _____ Defect(s) (specify, if possible): _____ Other (specify): _____**Vertebral Column (select all that apply)** Not examined (autopsy limited)

Unremarkable includes a normal curvature and hard bone with no gross abnormality.

 Unremarkable# Kyphosis (rounded upper back): _____ Scoliosis (right or left curvature): _____ Lordosis (sway back with a significant inward curve of the lower back): _____ Defect(s) (specify, if possible): _____ Fracture(s) (specify, if possible): _____ Lesion(s) (specify, if possible): _____ Other (specify): _____**Ribs and Sternum (select all that apply)** Not examined (autopsy limited)

Unremarkable includes normal anatomic curvature and hardness of twelve pairs of ribs and sternum with no gross abnormalities.

 Unremarkable# Pectus excavatum (sternal bone depression): _____ Pectus carinatum (sternal bone protrusion): _____ Sternotomy wire / sutures: _____ Defect(s) (specify, if possible): _____ Fracture(s) (specify, if possible): _____ Lesion(s) (specify, if possible): _____ Other (specify): _____**+Musculoskeletal System Comment:** _____

CENTRAL NERVOUS SYSTEM

Please consider use of the Autopsy Adult CNS Reporting Template if CNS results will be reported separately. Reference the CAP Organ and Weight Tables (<https://documents.cap.org/documents/cap-organ-weight-tables.pdf>) for recommended organ weight standards.

Brain (required only if applicable)

Not applicable (not examined)

Examined

Fresh

Post-formalin fixation

Brain Weight in Grams (g): _____ g

Cerebral Hemispheres (select all that apply)

Unremarkable includes symmetric right and left hemispheres with no gross abnormalities.

Unremarkable#

Asymmetric (specify, if possible): _____

Atrophic

Edematous

Defect(s) (specify, if possible): _____

Lesion(s) (specify, if possible): _____

Infarct(s) (specify, if possible): _____

Other (specify): _____

Cerebellum (select all that apply)

Unremarkable includes symmetry and no gross abnormalities of the anterior, posterior, and flocculonodular lobes.

Unremarkable#

Asymmetric (specify, if possible): _____

Atrophic

Edematous

Defect(s) (specify, if possible): _____

Lesion(s) (specify, if possible): _____

Infarct(s) (specify, if possible): _____

Other (specify): _____

Brainstem (select all that apply)

Unremarkable includes symmetry of the brainstem with no gross abnormality of the midbrain, pons, or medulla.

Unremarkable#

Defect(s) (specify, if possible): _____

Lesion(s) (specify, if possible): _____

Infarct(s) (specify, if possible): _____

Other (specify): _____

+Pituitary Gland

Not examined

Unremarkable includes normal size and appearance consistent with age and sex.

Unremarkable#

Enlarged (specify, if possible): _____

Other (specify): _____

Ventricles (select all that apply)

Unremarkable includes normal anatomic contour of lateral, third, and fourth ventricles with no abnormalities.

- Unremarkable#
- Dilated (specify, if possible): _____
- Obstructed (specify, if possible): _____
- Other (specify): _____

Hemorrhage (select all that apply)

- Not identified
- Epidural (specify, if possible): _____
- Subdural (specify, if possible): _____
- Subarachnoid (specify, if possible): _____
- Intraparenchymal (specify, if possible): _____
- Other (specify): _____

Circle of Willis (select all that apply)

Unremarkable includes normal configuration of major cerebral and communicating arteries with no gross abnormality.

- Unremarkable#
- Atherosclerosis (specify degree and arteries, if possible): _____
- Malformation / variant pattern (specify, if possible): _____

Specify aneurysm type as berry (saccular) or fusiform, and intact or ruptured.

- Aneurysm (specify, if possible)##: _____
- Other (specify): _____

Herniation

- Not identified
- Subfalcine (midline shift): _____
- Transtentorial (uncal): _____
- Tonsillar (coning): _____
- Other (specify): _____

Meninges (select all that apply)

Unremarkable includes tan, smooth meninges with no gross abnormalities. Reflection of the dura mater should reveal no body abnormalities.

- Unremarkable#
- Defect(s) (specify, if possible): _____
- Lesion(s) (specify, if possible): _____
- Other (specify): _____

Spinal Cord (required only if applicable) (select all that apply)

Not applicable (not examined)

Unremarkable includes no gross abnormalities of the cervical, thoracic, and lumbar cord.

- Unremarkable#
- Defect(s) (specify, if possible): _____
- Lesion(s) (specify, if possible): _____
- Other (specify): _____

+Central Nervous System Comment: _____

ANCILLARY TESTING

+Samples Taken (select all that apply)

- Blood (specify, if possible): _____
- Vitreous humor
- Tissue (specify, if possible): _____
- Urine
- Other (specify): _____

+Ancillary Testing (select all that apply)

- None
- Radiology (specify, if possible): _____
- Blood cultures (specify, if possible): _____
- Tissue cultures (specify, if possible): _____
- Flow cytometry (specify, if possible): _____
- Toxicology (specify, if possible): _____
- Other (specify): _____

+Ancillary Testing Comment: _____

TISSUE RETENTION

+Tissue Retention (select all that apply)

- Stock jar (retain for one year)
- All organs retained entirely (disposal of tissue following pathologist sign-out)
- Part of all organs retained (disposal of tissue following pathologist sign-out)
- Organs returned in body cavity following autopsy completion
- Brain (disposal of tissue following neuropathology sign-out)
- Other (specify): _____

+Tissue Retention Comment: _____

COMMENTS

Comment(s): _____

Explanatory Notes

A. Introduction

The aim of this protocol is to improve the completeness, clarity, and portability of autopsy reporting while being mindful of the wide range of practice settings in which the data in the report is generated and disseminated. Autopsy reporting has traditionally been entirely in prose, a methodology that complicates real-time dictation in many cases, and which does not make data easily retrievable, particularly across institutions.

The protocol is based upon input from past and present members of the CAP Autopsy Committee, CAP Neuropathology Committee, and input from Katie Flickinger, MS, PA(ASCP)^{CM} as well as the references below.

The construction of this protocol does allow for the insertion of sentences where desired and thus combines the best of templating and traditional description. It is recommended that it be used as a paper copy or electronic tool directly in the autopsy suite while a case is being completed, though its use can be adapted as needed at different centers and depending on the information technology environment. Portions of the template may also be used in limited autopsies. Though this template represents the Autopsy Committee's recommendations for inclusion in an autopsy report, some sections with a plus sign "+" are considered more readily optional in practice and could be omitted.

Not only will the template provide more easily reproducible and extractable data, but it may also be used as a guide for trainees and pathologists who may only perform a limited number of autopsies in their practice. The committee hopes this is a first step in providing a general framework for more standardized quality autopsy practice.

The content of the protocol represents the consensus opinion of the CAP Autopsy Committee. It was ordered by organ system rather than order of the block dissection in recognition of variations in dissection practices across institutions, as well as to create the most intelligible final report. Recognizing that the order of elements may be adjusted by users, it is the Committee's recommendation that all elements be included in the Gross Description. Microscopic sampling can also be institution-dependent, but the Committee recommends the use of broad histologic evaluation for complete autopsy investigation.

While there are explanatory notes attached to this document, this is not meant to be an atlas or textbook of autopsy pathology. The user is guided to many excellent texts, atlases, and online resources for review of autopsy pathology and dissection techniques.^{1,2,3,4,5,6,7,8}

We support the routine weighing of organs at autopsy in a standard fashion, and the use of normative tables, such as that published by the CAP autopsy committee.⁴ It is strongly recommended that this reference be used to guide the autopsy practitioner in the proper preparation of organs prior to weighing for the best application of the reference tables.

CAP Organ and Weight Tables⁴:

<https://documents.cap.org/documents/cap-organ-weight-tables.pdf>

References

1. Fyfe-Kirschner B., Miller DK. The future of autopsy reporting: data repository and research support. In: Hooper and Williamson, editors. *Autopsy in the 21st Century: Best Practices and Future Ideas*. Switzerland: Springer;2019. 39-56.
2. Wittekind C, Habeck JO, Gradistanac T. Proposals for standardization of autopsy reports. *Pathologie*. 2014;35:182-190. <https://doi.org/10.1007/s00292-013-1885-8>.
3. Hanzlick R. The autopsy lexicon: suggested headings for autopsy reports. In: Collins K, editor. *Autopsy Performance and Reporting*. 3rd ed. Chicago: CAP Press;2017. 377-382.

4. Bell MD, Long T, Roden AC, et al, on behalf of the Autopsy Committee of the College of American Pathologists; Updating Normal Organ Weights Using a Large Current Sample Database. *Arch Pathol Lab Med.* 2022; doi: <https://doi.org/10.5858/arpa.2021-0287-OA>
5. Collins K. *Special Autopsy Dissection.* 2010 CAP. ISBN: 978-0-930304-97-3
6. Connolly AJ, Finkbeiner WE, Ursell PC, Davis RL. Autops <https://www.scvp.net/heart-dissection/y>. *Pathology: A manual and Atlas. 3rd ed.* 2016. Elsevier, Philadelphia PA.
7. Fishbein M., Geffen D., Society for Cardiovascular Pathology. *Heart Dissection.* <https://www.scvp.net/heart-dissection/>
8. Fyfe B, Miller D *Diagnostic Pathology: Hospital Autopsy.* 2016. Elsevier, Philadelphia PA

B. External Examination

Please see conversion tools for BMI Calculation and metric conversion.

Metric conversion resource: <https://www.metric-conversions.org/weight/pounds-to-kilograms.htm>

C. Cardiovascular System

AORTA

Aortic atherosclerosis is almost ubiquitous at autopsy. Characteristically, atherosclerotic disease in the abdominal aorta is most severe in the portion of the vessel distal to the takeoff of the renal arteries (the infrarenal aorta). There are no validated pathologic scoring schemas for the grading of aortic atherosclerosis but disease that demonstrates involvement and obstruction of major branches, plaque ulceration, with or without adherent thrombus, should be considered severe disease because of the potential for embolic and other complications.

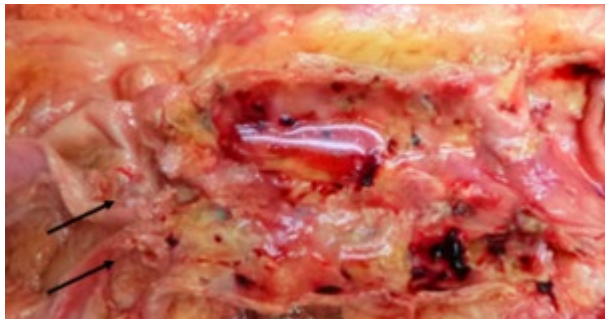


Figure 1. Severe aortic atherosclerosis involving the infrarenal aorta. Note the bifurcation of the iliac vessels with significant atherosclerotic plaque burden in addition to diffusely ulcerated plaques.

HEART: Selected common gross autopsy findings

Myocardial Infarction: In cases of fatal myocardial infarction in which the patient survives the acute event by less than 24 hours, there may be no reliable gross evidence of infarction. If an acute ischemic event is suspected but no gross changes are seen, random samples of the left ventricle (anterior, lateral, posterior, septum) should be submitted for histology.

- **Acute Myocardial Infarction:** Tan-yellow to dark-red, hemorrhagic myocardium. The acutely infarcted area may be softer than the surrounding intact myocardium. The affected myocardium is often found in the distribution of a stenotic/occluded coronary artery.

- **Remote or Healed Myocardial Infarction:** Gray-white, firm scar tissue ordinarily replaces the infarcted myocardium after 6 to 8 weeks.

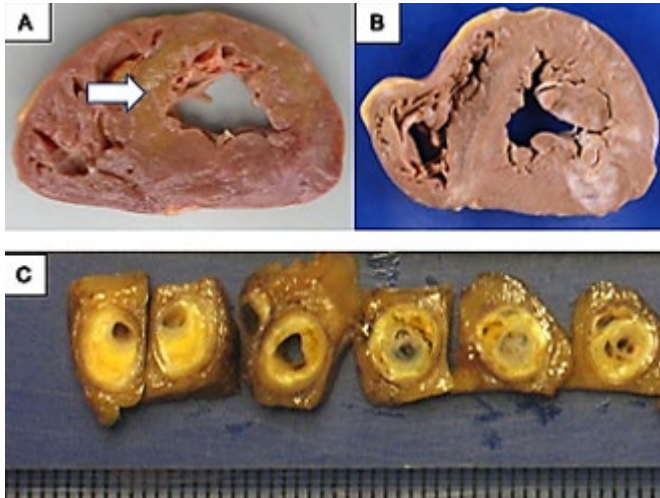


Figure 2. Ischemic myocardial injury

A. Acute myocardial infarction: There is an ill-defined area of tan-yellow discoloration in the anteroseptal region. **B.** Remote myocardial infarction: Gray-white scar in posterolateral LV. **C.** Cross sections of coronary artery with marked atherosclerotic stenosis.

Left Ventricular Hypertrophy: Along with the heart weight and wall thickness, the geometry of the left ventricle can provide valuable information about disease processes. Bear in mind that cases do not always fit neatly into categories.

- **Eccentric Hypertrophy:** The heart is typically heavy and shows ventricular dilatation (typically 5 cm diameter or more). This pattern is characteristically seen with volume overload (e.g., congestive heart failure, valvular dysfunction). Associated findings often include heavy, wet lungs.
- **Concentric Hypertrophy:** The heart is heavy and shows left ventricular wall thickening (typically greater than 1.5 cm). The thickened left ventricle encroaches on the ventricular chamber. These changes are characteristic of increased afterload (e.g., systemic hypertension, aortic stenosis).

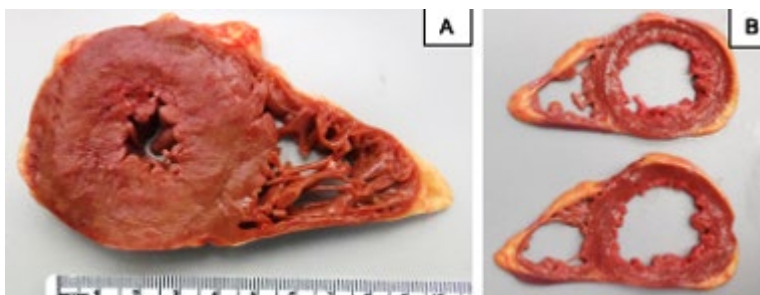


Figure 3. A. Concentric left ventricular hypertrophy B. Eccentric left ventricular hypertrophy

D. Respiratory System

LUNGS: Selected Common Gross Autopsy Findings

Pulmonary edema: The lungs are heavy, and the cut surfaces ooze a clear fluid. There are many potential causes, but pulmonary edema is most often seen in the setting of left-sided congestive heart failure. There is often a serous pleural effusion as well.

Thromboemboli: It is particularly important to examine the pulmonary artery and its bifurcation before separating the heart from the lungs to rule out saddle emboli, a cause of sudden death. It is important to distinguish postmortem clots from thromboemboli (see Table 1 below). Thrombi in the deep veins of the legs are the most common origin of large pulmonary emboli. A dissection of the deep leg veins may be useful if the autopsy permit allows it.

	Postmortem Clot	Thromboembolus
Color	Yellow (chicken fat) and dark red (currant jelly)	Dark red; gray-white streaks on section
Consistency	Gelatinous	Firm
Shape	Conforms to the shape of the vessel where it is located	Retains the shape of the vessel of origin
Attachment	Not attached to vessel wall	Often attached to vessel wall

Table 1. Gross features of thromboemboli and postmortem clots

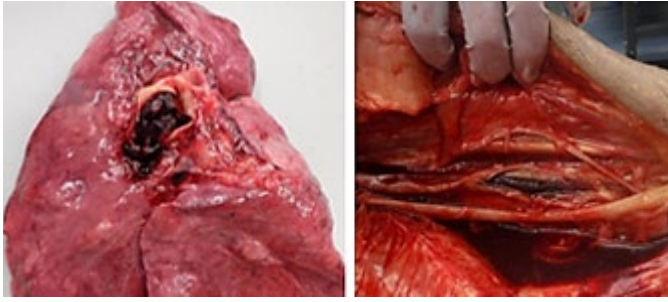


Figure 3. Pulmonary thromboembolic disease

Pulmonary infarcts: These are typically dark red, firmer than surrounding tissue, wedge-shaped, and pleural-based. The apex may point to an obstructing thrombus/thromboembolus.

Pneumonia: Pneumonia may be difficult to appreciate grossly. At the time of autopsy, areas of consolidation may be more readily appreciated on palpation than on inspection. Areas of consolidation may become more readily visible after formalin fixation. Areas of bronchopneumonia are centered on airways and typically a few centimeters in diameter. Studies suggest that pathologists' gross impressions regarding pneumonia are often inaccurate. So, while the gross appearance of the lung is a useful guide, histology is a critical check. Note the location of the consolidation as well as any associated features (e.g., abscess formation, necrosis). Note the appearance of the hilar and mediastinal lymph nodes.



Figure 4. Pneumonia of the right upper and right lower lobes

Emphysema: Emphysema is characterized by the destruction of alveolar septa and enlarged airspaces. Airspaces that are greater than 1 cm are bullae and are often located at the lung apices. On sections, the cut surface will show lacy pulmonary parenchyma with prominent bronchi which project slightly above the cut surface like tent poles.

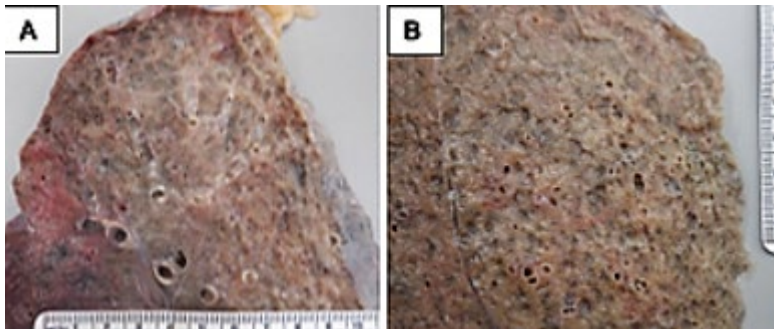


Figure 5. Emphysema

Pulmonary Metastases: The lung is one of the most common sites of hematogenous metastasis for a wide variety of tumors. Single metastatic tumors are possible, but the characteristic appearance of lung metastases is of multiple, widely scattered nodules of variable size.

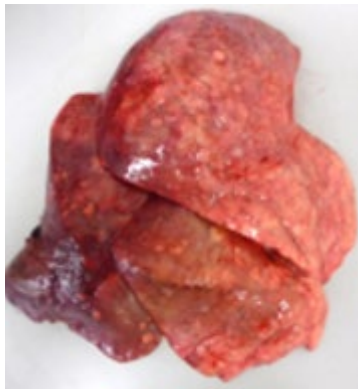


Figure 6. Diffuse lung metastases. Numerous nodules of varying sizes are scattered throughout the lung.

E. Digestive System

Esophagus

Esophageal Varices: Venous esophageal varices, typically seen in the setting of hepatic cirrhosis and portal hypertension, may be the source of massive upper gastrointestinal hemorrhage. But detecting them grossly may be difficult. Varices that are obvious endoscopically often collapse postmortem and may be imperceptible at autopsy. Inverting the esophagus may make the varices more visible.



Figure 7. Esophageal varices

Peptic Ulcer: These tend to be round to ovoid ulcers with regular smooth borders that arise in the stomach or duodenum. Unlike ulcerated malignant tumors, they lack raised, heaped-up edges.

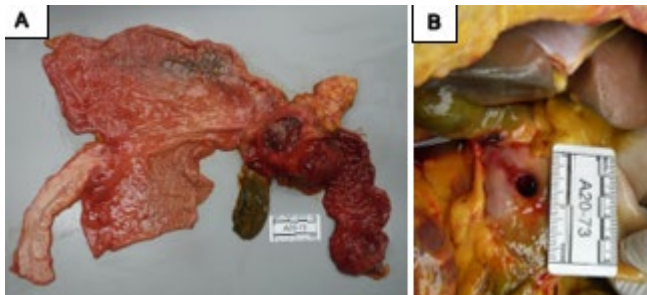


Figure 8. Peptic ulcer. **A.** Duodenal ulcer **B.** Perforated gastric ulcer in situ

Pancreatitis: The normal pancreas is tan-pink and lobulated. The inflamed pancreas is firm and may show nodular yellow areas of fat necrosis and may show calcifications.

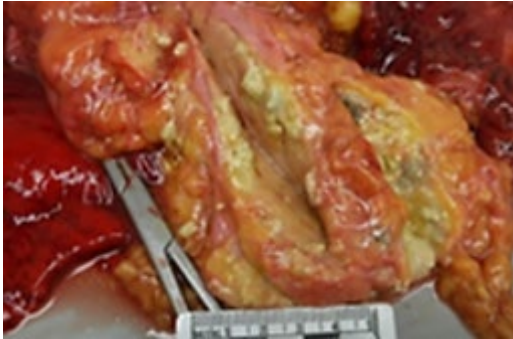


Figure 9. Acute and chronic pancreatitis

LIVER: Selected Common Gross Autopsy Findings

Central Passive Congestion (“Nutmeg Liver”): The cut surfaces of the liver show a finely mottled look (reminiscent of the cut surface of a nutmeg), the result of vascular congestion of the central veins. This is most often the result of right-sided congestive heart failure.



Figure 10. Centrilobular congestion

Steatosis: As a result of the accumulation of fat, the liver is diffusely orange or yellow instead of the normal dark red. The cut surfaces may be greasy. There are many potential causes of fatty liver changes, but the most common cause in the United States is non-alcoholic fatty liver disease often seen in conjunction with obesity, insulin resistance, and hyperlipidemia (metabolic syndrome).

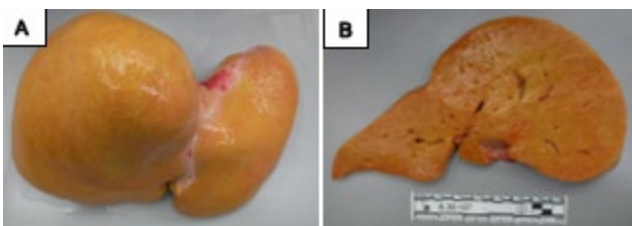


Figure 11. Hepatic steatosis. **A.** Intact liver **B.** Section of liver

Cirrhosis: The cirrhotic liver is typically diffusely nodular, very firm, and offers more resistance to sectioning than normal liver. Unlike a normal liver, sections of cirrhotic liver are difficult to push a gloved finger through. Cirrhosis is the common endpoint of many types of hepatic insult (alcoholic, metabolic, autoimmune, drug-induced, infectious, etc.), and anatomical analysis alone may not reveal the etiology. Correlation with clinical and laboratory data is essential. Sequelae of cirrhosis and portal hypertension may be seen on external examination (jaundice, scleral icterus, caput medusa) and on internal examination (esophageal varices, portal gastropathy, splenomegaly).

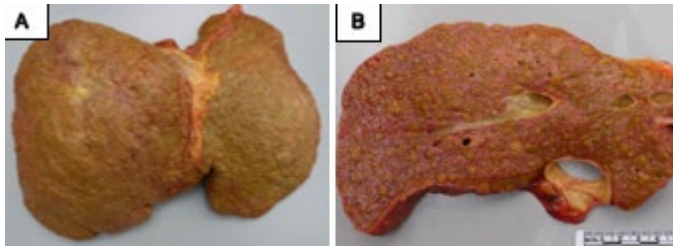


Figure 12. Hepatic cirrhosis **A.** Intact liver **B.**Section of the liver

Liver Masses:

Primary Tumors:

Benign

- **Hemangiomas:** The most common benign hepatic tumor.
- **Focal Nodular Hyperplasia:** Second most common benign hepatic tumor.
- **Biliary Duct Hamartomas**

Malignant

- **Hepatocellular carcinoma:** Not a common tumor in the United States. It usually (but not always) presents as a single mass that may have adjacent satellite masses, often in a background of cirrhosis.
- **Cholangiocarcinoma**

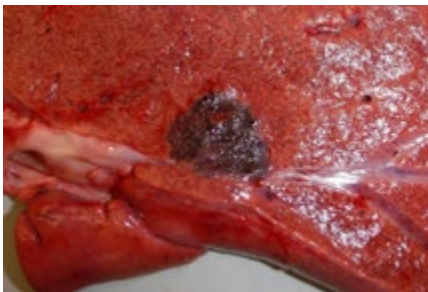


Figure 13. Hepatic hemangioma

Metastases: Like the lung, the liver is a common recipient of a wide variety of metastatic tumors, and metastatic tumors are more common than primary hepatic tumors. Single or few hepatic metastases are possible and may be difficult to distinguish from primary hepatocellular carcinoma grossly. Widely disseminated hepatic nodules of various sizes are more likely to be metastases.

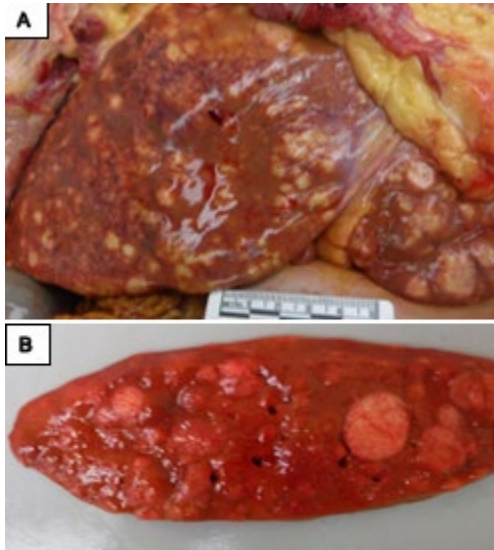


Figure 14. Hepatic metastases **A.** Intact liver in situ. **B.** Section of liver

F. Urinary System

Congenital anomalies: Up to 25% of autopsies on adults with end-stage renal disease will show congenital anomalies. Some of the most commonly encountered anomalies are fused kidneys (including horseshoe kidney, double collecting systems, and unilateral cystic renal dysplasia).

Simple renal cysts are also a common autopsy finding.

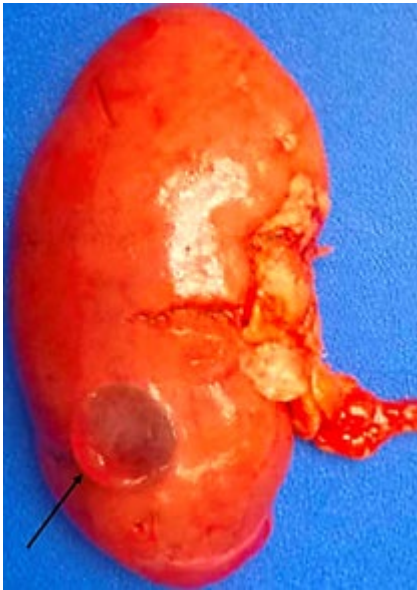


Figure 15. This kidney has a small cyst that is now collapsed but contained clear fluid. Benign renal cysts such as this are very common autopsy findings.

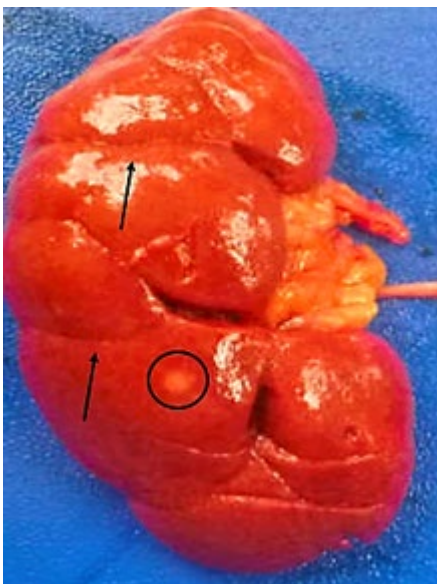


Figure 16. Retained fetal lobulation: The creases (arrows) noted on this kidney represent retained fetal lobulation, a common anatomic variant noted at autopsy and an incidental finding. There is also a small yellow nodule (circle) that likely represents a benign adenoma but lesions such as this should be sampled at autopsy in addition to the normal parenchyma.

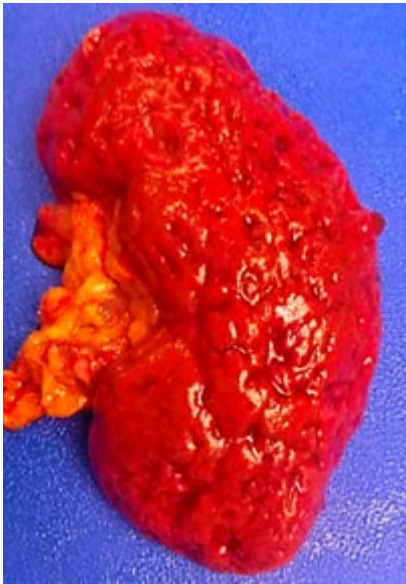


Figure 17. A common pathologic finding in the kidney, very accentuated in this sample, is granularity and small scars along the cortical parenchyma representing small vascular scars of nephrosclerosis, usually related to hypertension. Also, note the small size of the kidney.

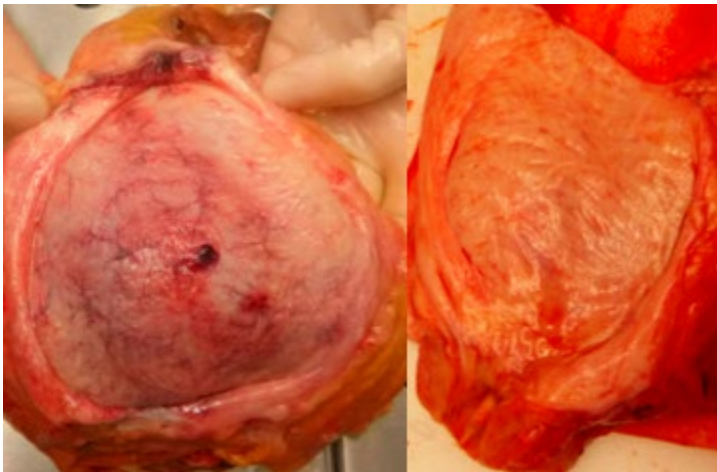


Figure 18. Somewhat dilated but smooth bladder on left with mild congestion and hematoma from Foley catheterization. Compare this to a dilated bladder with muscular trabeculations spanning its width on the right. This detrusor muscle hypertrophy is due to obstruction at the urethra from prostatic hyperplasia. Note the nodular prostate tissue around the urethra.

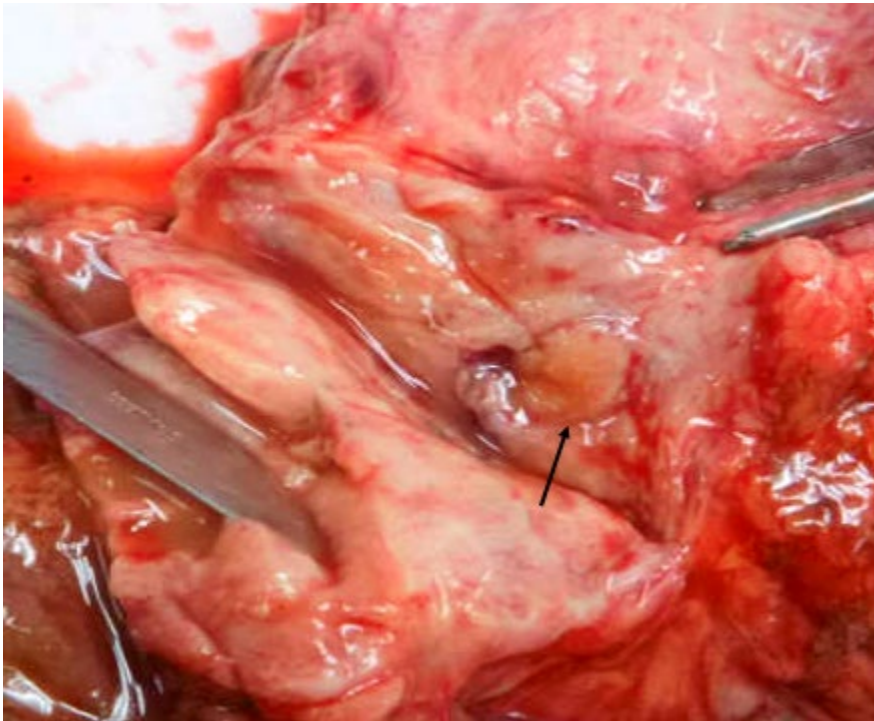


Figure 19. Prostatic nodules are not an uncommon finding at autopsy and while most are benign and related to prostatic hyperplasia, be careful to sample yellow, soft, or more firm-appearing nodules. The arrow demonstrates a nodule that was a low-grade prostatic adenocarcinoma.

G. Lymphoreticular System

Lymphadenopathy: Although there are site-specific size criteria, in general, lymph nodes greater than 1 cm in the short axis are considered pathologic. Disseminated lymphadenopathy and matted lymph nodes require evaluation.



Figure 20. Abdominal lymphadenopathy. The patient was diagnosed with diffuse large B-cell lymphoma.

H. Metastases

Vertebral metastases: The vertebral bodies, particularly the thoracolumbar vertebrae, are a common site of epithelial metastases. The most common sources of vertebral metastases include breast, lung, prostate, kidney, and thyroid. The cut surfaces of involved vertebrae show tan-white to yellow masses replacing the normally dark red marrow.



Figure 21. Lumbar vertebral metastases. The patient was diagnosed with prostatic adenocarcinoma.