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:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Autopsy</td>
<td>Patient ID and consent, external examination, autopsy procedure, organ systems, neuropathology findings of the brain and spinal cord, ancillary testing, tissue retention</td>
</tr>
</tbody>
</table>

The following should NOT be reported using this protocol:

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Autopsies</td>
</tr>
<tr>
<td>Pediatric Autopsies</td>
</tr>
</tbody>
</table>

Authors

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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 x 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): _______________________

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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)

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
___ 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)

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): _________________
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): _________________
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

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 differentia 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 albicania), 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#
___ Diffused (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 stertum 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 Tables**:4


References


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.

![Image of aorta](image_url)

**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](image1)

**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](image2)

**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.

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

*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.

![Esophageal varices](image)

**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.

![Peptic ulcer](image)

**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](image)

**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](image)

**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](image)
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](image1.png)

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](image2.png)
**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.

![Hepatic metastases](image)

**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.