CRF - SYNOVIAL BIOPSY

Subject ID _____

The biopsy was performed ◯ Yes ◯ No

If no biopsy was performed explain why

Date the biopsy was performed: _____

Please, specify the biopsied joint

- ☐ Wrist
- ☐ Elbow
- ☐ Metacarpophalangeal joints (MCP)
- ☐ Proximal Interphalangeal joints (PIP)
- ☐ Knee
- ☐ Ankle
- ☐ Metatarsophalangeal joints (MTP)

If the biopsied joint was a MCP, PIP or MTP, please specify by selecting the joints in the tabel below.

	RIGTH					LEFT				
HANDS	MCP5	MCP4	MCP3	MCP2	MCP1	MCP1	MCP2	MCP3	MCP4	MCP5
	PIP5	PIP4	PIP3	PIP2	IP1	IP1	PIP2	PIP3	PIP4	PIP5
FEET	MTP5	MTP4	MTP3	MTP2	MTP1	MTP1	MTP2	MTP3	MTP4	MTP5

Total of biopsies taken: _____

How many biopsies were put into medium?

_____

Quality of the biopsies in medium

Number of round, sphere-like biopsies in medium:

_____

Number of irregular or fatty biopsies in medium:

_____

How many biopsies were put into formol?

_____

Quality of the biopsies in formol

Number of round, sphere-like biopsies in formol:

_____

Number of irregular or fatty biopsies in formol:

_____

US assessment of biopsied joint

Power Doppler grade (0-3)

◯ 0
◯ 1
◯ 2
◯ 3

Synovial thickness grade (0-3)

◯ 0
◯ 1
◯ 2
◯ 3

Post-biopsy questionnaire

Was the post-biopsy questionnaire given to the patient?

◯ Yes ◯ No

Comments

Please provide any comments you might have about data reported on this form