**Temporal artery biopsy audit performa**

**Patient sticker**

**Presenting complaint**:

Referred from GP Rheumatology Medics Other

Other, please specify

Date of referral: Time of referral:

Date of biopsy: Time of biopsy:

Surgeon:

Number of days on steroids prior to TAB

**Outcome**:

Length of specimen

Histology: GCA +ve GCA –ve

**Complications:**

**ACR criteria:**

Age >50 Yes No

New headache Yes No

Temporal artery abnormality (tenderness/reduced pulsation) Yes No

ESR >50 Yes No

Abnormal artery biopsy: Yes No

Classified as GCA (>3 of 5) Yes No