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ALLINA HEALTH LABORATORY

	LABLINK SUPPLEMENTAL FORM; HISTOPATHOLOGY - BREAST 2800 10th Ave. S., Ste 2000, Minneapolis, MN 55407 Phone: 612-863-4678 • Fax: 612-863-4067 HOSPITAL PATHOLOGY ASSOCIATES, P.A.	DO NOT ORDER MANUALLY - Order resides in Beaker Enter the patient name, date of birth and MRN in this
		space, or affix a patient label containing this information here:
Sending location:		
		This completed form must accompany any breast biopsy specimens submitted to Allina Health Laboratory via a LabLink/Atlas order (interfaced of portal).
Breast	image guided core biopsy. Specimen and additional clinica	al information (other than recorded below):
Loca	e of Biopsy: Ultrasound Stereotactic Ation: Right Left o'c osy information (Check all that apply):	MRI clock cm from nipple
	Type of calcifications: ☐ Amorphous Distribution of calcifications: ☐ Diffuse Size of calcifications: ☐ Low ☐ M	☐ Pleomorphic ☐ Linear/branching ☐ Punctate ☐ Regional ☐ Segmental ☐ Cluster
	Mass, Architectural distortion, Asymmetry/Der	-
	Shape: ☐ Round ☐ Oval ☐ Irregular Margins: ☐ Circumscribed ☐ Spiculated US findings: ☐ Solid ☐ Echoic (Hypo, Hyper, I MRI findings: ☐ Mass ☐ NMLE Size:	
	Suspicion Based on Imaging: ☐ Low ☐ Mediu	ım □ High
Ш	History of Prior Breast Cancer Side, location and year of prior breast cancer	
	If more than one biopsy is performed, distance be	etween sites.

Number of Containers _