

DO NOT ORDER MANUALLY – Excellian Order

DATE & TIME COLLECTED

Enter patient name, date of birth and MRN in this space, or affix patient label here:

Sending Location: _____

This completed form must accompany any breast biopsy specimens submitted to Allina Health Laboratory

Breast image guided core biopsy. Specimen and additional clinical information (other than recorded below):

Specimen removed from patient at _____ (time) on _____ (date) & placed in formalin at _____ (time) on _____ (date)

Type of Biopsy: Ultrasound Stereotactic MRI

Location: Right Left _____ o'clock _____ cm from nipple

Biopsy information (Check all that apply):

Calcifications; please include specimen radiograph or CD with specimen images

Type of calcifications: Amorphous Pleomorphic Linear/branching Punctate

Distribution of calcifications: Diffuse Regional Segmental Cluster

Size of calcifications: _____

Suspicion Based on Imaging: Low Medium High

Mass, Architectural distortion, Asymmetry/Density

Shape: Round Oval Irregular Lobulated

Margins: Circumscribed Spiculated Indistinct Obscured

US findings: Solid _____ Echoic (*Hypo, Hyper, Iso or An*) Shadow Intracystic Enhancement

MRI findings: Mass NMLE

Size: _____

Suspicion Based on Imaging: Low Medium High

History of Prior Breast Cancer

Side, location and year of prior breast cancer _____

If more than one biopsy is performed, distance between sites.