

# 12 Part prostate biopsy data pad

LabLink

Patient name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient MRN: \_\_\_\_\_

Date of procedure: \_\_\_\_\_

Provider: \_\_\_\_\_

Clinical information/  
Reason for biopsy: \_\_\_\_\_

	<b>Location</b>	<b>Time removed from body</b>	<b>Time placed in formalin</b>
A	Right Lateral Base (RLB)		
B	Right Lateral Mid (RLM)		
C	Right Lateral Apex (RLA)		
D	Right Medial Base (RMB)		
E	Right Medial Mid (RMM)		
F	Right Medial Apex (RMA)		
G	Left Medial Base (LMB)		
H	Left Medial Mid (LMM)		
I	Left Medial Apex (LMA)		
J	Left Lateral Base (LLB)		
K	Left Lateral Mid (LLM)		
L	Left Lateral Apex (LLA)		

*This form is for data collection at the time of procedure only. The information must be included in the electronic order, and the form should not be sent with the specimen to Allina Health Laboratory.*