

UNIT NO.

NAME

BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, and visit no.)

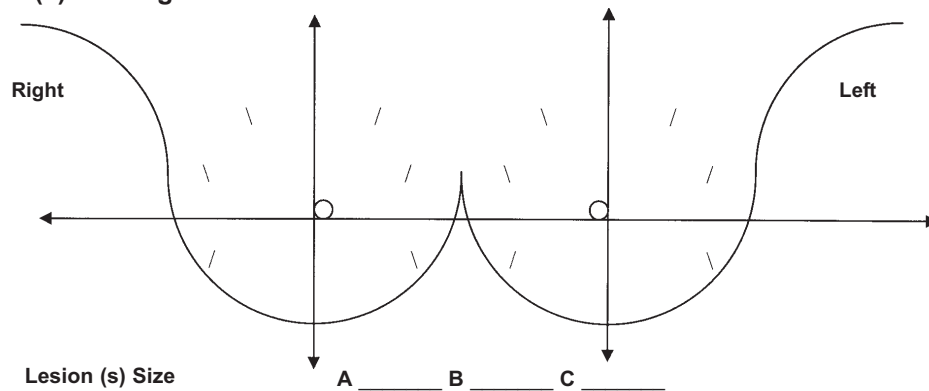
Yale-New Haven Hospital

Surgical Pathology Laboratory
(203) 785-4804 • EP 2-631
Breast Pathology Submission Form

SP #

| | | |
|--|--|------------------------------|
| SERVICE | RESPONSIBLE M.D. (PRINT NAME LEGIBLY) (Required) | |
| DATE TAKEN (Required) | SIGNATURE (Required) | PHONE #, BEEPER # (Required) |
| CLINICAL HISTORY, PREVIOUS TREATMENT, CLINICAL STAGE: | | |
| | | |

Indicate Site of Lesion(s) on Diagram



Radiographic Procedure Performed: (Circle Applicable)

Mammogram / Ultrasound / MRI

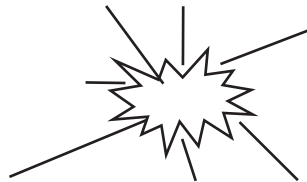
Radiographic Abnormality: (If Applicable)



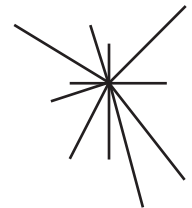
Circumscribed / Well-defined Mass



Ill-defined Mass



Spiculated Mass



Parenchymal Deformity / Stellate Lesion / Architectural Distortion

Radiographic Level of Suspicion: (Circle Applicable)

Probably Benign / BIRADS 3 / Moderately Suspicious / BIRADS 4 / Highly Suspicious / BIRADS 5

Type of Mass: (Circle Applicable)

Solid / Cystic / Other

Microcalcifications: (Circle Applicable)

Present / Suspicious / Absent / Crushed Stone / Casting / Other

For Core Biopsies: _____ # Cores Collected

Time tissue placed in formalin fixative: _____ Hr. _____ Min

*****Please place core specimens with microcalcifications in a separate container identified as "Core Biopsy with Microcalcification" and no more than 3 - 4 cores per container or bag.*****

Surgical Procedure Performed: (Circle Applicable)

Time tissue placed in formalin fixative: _____ Hr. _____ Min

Lumpectomy / Simple MastX / Mod. Rad. MastX

Incomplete information on this form may result in return of the specimen for complete labeling and provision of applicable information, which is needed for pathology consultation. This will result in a delay in specimen processing and reporting.