**Histopathology reporting proforma: transurethral specimens (biopsy or TUR)**

Surname……………………… Forenames………………….… Date of birth…………….. Sex…....

Hospital………….……….…… Hospital no……………….……. NHS/CHI no……………..

Date of receipt………….……. Date of reporting………..…….. Report no………………...

Pathologist……….…………… Surgeon………………….…….

**RELEVANT CLINICAL INFORMATION**

**…………………………………………………………………………………………………………………..**

**Site of the specimen**

Renal pelvis □ Ureter □ Urethra □

Bladder □ Site(s) in bladder (if known)……………………………………………….

**Nature of specimen/procedure**

Biopsy □ TUR □

**MACROSCOPY**

Weight of TUR……….(g)

**MICROSCOPY**

**Tumour type**

Urothelial carcinoma □ Squamous cell carcinoma □ Adenocarcinoma □

Mullerian type tumour □ Small cell neuroendocrine carcinoma □

Large cell neuroendocrine carcinoma □ Other (specify)………………………………….…..

**Urothelial carcinoma subtype/variant (specify percentage if present)**

Not identified □

Squamous □……% Glandular □……% Micropapillary □……%

Nested □……% Plasmacytoid □……% Sarcomatoid □……%

Other (specify with percentages) □ ………………………………………………………………..……

**Tumour grade**

Not applicable □ Cannot be determined □

Urothelial carcinoma

 WHO 1973: Grade 1 □ Grade 2 □ Grade 3 □

 WHO 2004: Low grade □ High grade □

Squamous cell carcinoma or adenocarcinoma

 Well differentiated □ Moderately differentiated □ Poorly differentiated □

**Maximum extent of tumour invasion**

Not assessable □ Non-invasive papillary carcinoma □

Tumour invades lamina propria (submucosa) □ Tumour invades muscularis propria □

Tumour involves prostatic ducts/acini □ Tumour invades prostatic stroma □

Other (specify) ………………………

**Associated CIS:**

Yes (adjacent to tumour) □ Yes (elsewhere) □ No □ Not assessable □

**Lymphovascular invasion:**

Yes □ No □ Not assessable □

**Status of muscularis propria**:

Present □ Not present □ Indeterminate □

Not applicable (e.g. for prostatic urethra biopsy) □

**Other disease process(es) present/comments**

……………………………………….......................................................................................................

**SNOMED codes:**  T………………… M………………..

**Further comments:**

……………………………………….......................................................................................................

**Pathologist………………………............ Date………………………..**