**Dataset for the histopathological reporting of lymphomas**

**Appendix G Reporting proforma for lymphoma specimens**

Surname: Forenames: Date of birth:

Patient identifier (CHI/NHS no): Referring organisation: Hospital no:

Biopsy taker: Caring physician:

Specimen number (referring organisation): …… Dispatch date from referring organisation

Reporting organisation: Date of receipt: Date of reporting:

Specimen number (reporting organisation): …… Pathologist:

**Clinical context, relevant clinical history, including immunosuppression status**

**Indication for investigation**

Primary diagnosis 🞎 Staging 🞎 Relapse/progression 🞎  
Re-staging 🞎 Review 🞎 Clinical trial 🞎 Post mortem 🞎

**Specimen type**

Excision biopsy 🞎 Needle core biopsy 🞎 Punch biopsy 🞎

Endoscopic biopsy 🞎 Extranodal resection (including splenectomy) 🞎

Bone marrow trephine 🞎 Other biopsy (specify)..........................

**Fresh tissue sampling**

Imprint: Yes 🞎 No 🞎 Frozen tissue: Yes 🞎 No 🞎

Flow cytometry / genetic / molecular testing: Yes 🞎 No 🞎

**Specimen description**

Site …………………………. Size ….. x ……. x …… mm

Weight ………… g Macroscopic description:

**Provisional (referring) diagnosis**

**Tumour type**

WHO entity diagnosis, including grade, where applicable:

ICD-O morphology code:

(If diagnosis is incomplete/uncertain, provide reasons):

**Clinical context:**

Corroborated by clinical context 🞎 Not corroborated by clinical context 🞎 Not applicable 🞎

**Microscopic description**

**Components of integrated report**

Immunophenotype (immunohistochemistry and/or flow cytometry):

Genotype and clonality (karyotype, FISH, PCR for clonality, mutational analysis):

Other investigations (specify):

**Integrated report interpretation and summary**

**SNOMED codes** T……....… M………...

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