**Appendix G Reporting proforma for renal biopsy specimens**

Surname: …………………………Forenames:………………………..Date of Birth: ………………Sex:….……..

Hospital…………………………….…………….Hospital No: ………………….……NHS No:……………………..

Date of Surgery: ……………….…Date of Report Authorisation: ……………Report No:………………………...

Date of Receipt:…………………...Pathologist:………………….……………Clinician:……………………….......

**Nature of specimen/procedure and core macroscopic items**

Core biopsy  Wedge biopsy 

*Specimen laterality*

Not specified 

Left  (Unifocal  Multifocal )

Right  (Unifocal  Multifocal )

(Tick all appropriate options above, if bilateral)

 Other (eg horseshoe):  specify…….. (Unifocal  Multifocal )

**Core microscopic items**

**Histological type**:

Non-diagnostic (specify) …….

Clear cell renal cell carcinoma 

Multilocular cystic renal cell neoplasm of low malignant potential 

Papillary renal cell carcinoma 

 Type 1  Type 2  Oncocytic  NOS 

Hereditary leiomyomatosis renal cell carcinoma-associated renal cell carcinoma 

Chromophobe renal cell carcinoma 

Hybrid oncocytic chromophobe tumour 

Collecting duct carcinoma 

Renal medullary carcinoma 

MiT family associated translocation renal cell carcinomas 

 Xp11  t(6;11)  Other (specify) ………

Succinate dehydrogenase (SDH)-deficient renal cell carcinoma 

Mucinous tubular and spindle cell carcinoma 

Tubulocystic renal cell carcinoma 

Acquired cystic disease-associated renal cell carcinoma 

Clear cell papillary renal cell carcinoma 

Renal cell carcinoma, unclassified 

Other  (specify) ……..

*WHO/ISUP tumour grade*

 Not applicable  GX – cannot be assessed  G1  G2  G3  G4 

*Sarcomatoid morphology*

Not identified  Present 

*Rhabdoid morphology*

Not identified  Present 

*Tumour necrosis*

Not identified  Present 

*Lymphovascular invasion*

Not identified  Present 

*Co-existing pathology in non-neoplastic kidney*

Not applicable (e.g. insufficient tissue for evaluation) 

No background pathology identified 

Present  specify type:……………………..

**Signature: Date: SNOMED CODES:**