# Appendix H Reporting proforma for breast FNAC

Surname: ……………………………… Forenames: …………………….. Date of birth: …………….…

Sex: ….………………………………… Hospital: …………….…………... Hospital no: ...………….…..

NHS no: ……………………………….. Date of surgery: ………………… Date of report: ……....…..

Authorisation: …………………….…… Report no: ………………………. Date of receipt:…….……….

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

Side†: Left □ Right □

Location†: Upper outer quadrant □ Lower outer quadrant □

Upper inner quadrant □ Lower inner quadrant □

Retroareolar □

Cytological opinion†: C1 □ (Inadequate/unsatisfactory)

C2 □ (Benign)

C3 □ (Uncertain)

C4 □ (Suspicious)

C5 □ (Malignant)

Comment: ............................................................................................................................................

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SNOMED† codes: T …….… M …..……

Date reported: ............................................. Pathologist: ............................................

†Data items that are currently part of the Cancer Outcomes and Services Dataset (COSD) version 8.