# Appendix I Reporting proforma for axillary 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†: Axillary LN □

Cytological opinion†: LC1 □ (Inadequate/unsatisfactory)

LC2 □ (Benign)

LC3 □ (Uncertain)

LC4 □ (Suspicious)

LC5 □ (Malignant)

Comment:

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SNOMED† codes: T …….… M …..……

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

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