# Appendix J Reporting proforma for axillary core biopsy

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 □

Opinion† LB1 □ (Inadequate/Unsatisfactory)

LB2 □ (Normal/Benign)

LB3 □ (Uncertain)

LB4 □ (Suspicious)

LB5 □ (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.