**Appendix C Reporting proforma for mesothelioma biopsy/cytology specimens**

Surname……………….……… Forenames…………….…….… Date of birth…………….. Sex…....

Hospital………….……….…… Hospital no……………….……. NHS/CHI no……………..

Date of receipt………….……. Date of reporting………..…….. Report no………………...

Pathologist……….…………… Surgeon……………….….……. Lab no………………........

**Previous treatment (neoadjuvant chemotherapy/radiotherapy)** Yes No

**Specimen origin**

**Laterality** Right Left Not stated

Pleura Lung Other ………………..….……….

**Sample type\* (more than one box may be ticked)**

Biopsy

Pleural biopsy Core needle biopsy VATS biopsy

Open biopsy Lymph node biopsy Specify site(s) ……..………...........

Other site(s) Details .......................

Cytology

Pleural effusion Pericardial effusion Other Details……………………..

FNA Details…………..

**Microscopic features**

**Histological type of mesothelioma**

Epithelioid Biphasic Sarcomatoid

Desmoplastic variant Yes No

**Ancillary investigations**

Not used

D-PAS mucin staining Positive Negative

Alcian Blue mucin staining Positive Negative

Immunohistochemistry (list antibodies used – minimum of four recommended)

Calretinin Positive Negative

Cytokeratin 5/6 Positive Negative

WT-1 Positive Negative

BerEP4 Positive Negative

CEA Positive Negative

(Other: ....................... Positive Negative )

**Comments:**

**SNOMED codes:**

Signature .............………………………………………………. Date ……..../….….../……....