Appendix E Reporting proforma for biopsy/cytology specimens of thymic epithelial tumours

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

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

Date of surgery………….…........... Date of report authorisation……………. Report no…………….…..........

Date of receipt………….………….. Pathologist……….………………………. Surgeon……………….……….

**Previous treatment (neoadjuvant chemotherapy/radiotherapy)** ‡

Yes No Not known

**Origin of specimen** ‡

Thymus Mediastinum, other than thymus NOS

Pleura Lung Other ………….

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

Biopsy:

Transthoracic needle biopsy Incisional biopsy

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

Pleural biopsy Other metastatic site(s) Details........................................

Cytology:

Transthoracic FNA mediastinum Pleural effusion Other …………………………..

**Microscopic features** ‡

Histological/cytological type

Thymic epithelial tumour, not otherwise specified

Specify WHO subtype present if assessable ..........….........................................................................

Other tumour type (specify) ………………………………………………………………………………….

**SNOMED and SNOMED-CT codes :** ‡

**Comments**

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

‡ Data items that are currently part of the Cancer Outcomes and Services Dataset (COSD) version 7.