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23560

BREAST LYMPHATIC MAPPING DATABASE

Specimen Shipping

Patient Study ID

Physician ID

Specimens

Date Shipped

/ /

Specimen ID Number

Type.	Side\ Basin	Number	Date Collected
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

Specimen Type
S = SLN
N = Non-SLN
B = Blood
M = Bone Marrow

Side Key
R=Right
L=Left

Basin Key
A = Axilla
I = Internal Mammary

Fax Completed Forms to: 800-284-2190