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BREAST LYMPHATIC MAPPING DATA

Patient Study ID | **Date** | **Patient UR Number** | **Accession Number**

S -

Physician (internal):
☐ Cox ☐ DuPont ☐ Dessureault ☐ Riker
☐ Fiorica ☐ Carter ☐ Furman

Pre-Op Diagnosis:
☐ R ☐ L Infilt. Ductal ☐ R ☐ L DCIS
☐ R ☐ L Infilt. Lobular ☐ R ☐ L Suspicious
☐ R ☐ L Ductal CA, NOS ☐ R ☐ L LCIS
☐ R ☐ L Prophylactic
☐ R ☐ L Other

Post-Op Diagnosis:
☐ R ☐ L Same as pre-op ☐ R ☐ L DCIS
☐ R ☐ L Infilt. Ductal ☐ R ☐ L LCIS
☐ R ☐ L Infilt. Lobular ☐ R ☐ L Prophylactic
☐ R ☐ L Other

Anesthesia: ☐ MAC ☐ Local ☐ General

Procedure(s):
☐ R ☐ L Needle Loc ☐ R ☐ L Lump.
☐ R ☐ L Seed Loc ☐ R ☐ L Mast., Skin Sparing
☐ R ☐ L Diag. Breast Bx ☐ R ☐ L Mast., Standard
☐ R ☐ L ABBI ☐ R ☐ L SLN Biopsy
☐ R ☐ L Mammo Loc ☐ R ☐ L Internal Mammary
☐ R ☐ L U/S Loc ☐ R ☐ L ALND
☐ R ☐ L Port ☐ R ☐ L Bone marrow Asp
☐ R ☐ L Other
☐ R ☐ L Other

Reason for ALND: ☐ Phase I ☐ Positive SLN ☐ Mapping Failure

Plastic Surgery:
Plastic Surgeon
☐ R ☐ L Tissue exp/imp ☐ R ☐ L Lat Flap
☐ R ☐ L TRAM ☐ R ☐ L Oncoplastic Repair
☐ R ☐ L Other

Right Breast weight (g): . Left Breast weight (g): .

☐ R ☐ L Drains

Complications:
☐ R ☐ L Failed Lumpectomy ☐ R ☐ L Pneumothorax
☐ R ☐ L Hematoma ☐ R ☐ L Map Failure
Reason failed: ☐ Multiple Margins ☐ Central Location

Blue Dye Injection Site(s):

	Side	Quadrant	Clock Coord.	Vol. Blue Dye (cc):
1.			:	.
2.			:	.
3.			:	.
4.			:	.
5.			:	.

Key: Use L or R for the side. Use UO, UI, LO, LI for the quadrant. Use CN for central and PA for periareolar.

Time of SLN Bx.: : (24 hour format)

Intra-Op Counter: ☐ GPS/Navigator ☐ C-Trak ☐ NeoProbe ☐ Other

Probe Type: ☐ Standard ☐ Collimated ☐ Other

Side/Basin	At Incision Count (CPS)	Backg. Count (CPS)

Surg Spec.	Type.	Side/ Basin	SLN Number	SLN Ex-vivo Count (CPS)	Blue Stain

Node Cytology: ☐ Positive ☐ Negative

Fax Completed Forms to: 800-284-2190
(Internal fax: 3088)