



21518

BREAST LYMPHATIC MAPPING DATABASE

Pathology Form (Page 1 of 2)

Patient Study ID

Physician ID

Primary Tumor Pathology

Date of Surgery

Pathology accession number:

Histologic Type (check one)

- infiltr. ductal infiltr. papillary adenocarcinoma Paget's Disease DCIS
 infiltr. tubular mucinous inflammatory papillary DCIS component (%):
 infiltr. lobular medullary mixed infiltr. ductal & DCIS .

Other histologic type:

Size of invasive component (cm): .

Differentiation: well moderate poor not reported Grade: I II III not reported

Pathologic Staging:

Tumor Stage (check one)

Nodal Stage (check one)

Met Stage (check one)

- TX T1B T4A
 T0 T1C T4B
 Tis T2 T4C
 T1A T3 T4D

- N0 N2
 N1 N3

- MX M1
 M0

Estrogen receptors:

famol/mg: not performed
 negative
 positive

Progesterone receptors:

famol/mg: not performed
 negative
 positive

Tumor Ploidy:

- not performed
 diploid
 aneuploid

DNA index:

S-phase (%):

Ki-67:

not performed
 %

Cathepsin-D:

not performed
 negative
 positive +
 pmol/mg

Her-2/Neu:

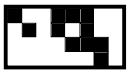
not performed
 negative
 positive +
 units/mg

EGFR:

not performed
 negative
 positive +
 famol/mg

p53 mutation:

not performed
 negative
 positive +
 %



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BREAST LYMPHATIC MAPPING DATABASE

Pathology Form (Page 2 of 2)

Sentinel & Non-Sentinel Node Pathology

Date of Surgery

□□ / □□ / □□□□

Pathology accession number:

□□□□□□□□□□□□□□□□

Specimen ID Number

Type	Side/Basin	Number	Gross	Touch prep	Histology (H&E)	Cytokeratin	Serial sections
□	□□	□□	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> yes <input type="checkbox"/> no
□	□□	□□	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> yes <input type="checkbox"/> no
□	□□	□□	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> yes <input type="checkbox"/> no
□	□□	□□	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> yes <input type="checkbox"/> no
□	□□	□□	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> yes <input type="checkbox"/> no
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□	□□	□□	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> yes <input type="checkbox"/> no
□	□□	□□	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> positive <input type="checkbox"/> negative	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> not performed	<input type="checkbox"/> yes <input type="checkbox"/> no

Evidence of extracapsular extension: in SLN in Non-SLN in both none

Completion Node Pathology

Date of Surgery

□□ / □□ / □□□□

Pathology accession number:

□□□□□□□□□□□□□□□□

Number of lymph nodes dissected: (Completion Node Dissection Only) □□□

Grand total number of nodes dissected: (SLN + Non-SLN + CLN) □□□

Number of POSITIVE nodes: (Completion Node Dissection Only) □□□

Grand total number of POSITIVE nodes: (SLN + Non-SLN + CLN) □□□