



P00010

Breast Pathology Supplemental Form

Specimen Collection:

Date: _____

Time: _____

Patient Name: _____

MR#: _____

Date of Birth: _____

Additional History:

Diagnosis: _____

Clinical stage (size of tumor): _____

Number of tumors: _____

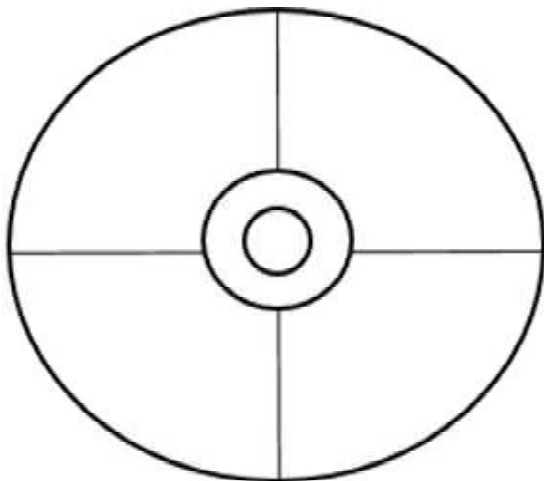
Neoadjuvant therapy: Yes No

Clip present : Yes No

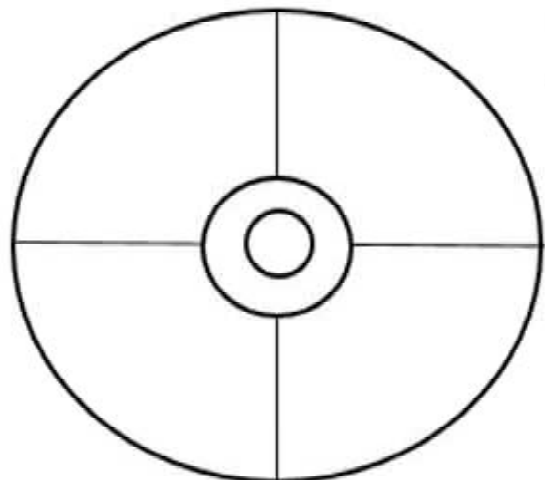
Location of clip: breast/axilla _____

Diagram of Specimen Location:

R



L



Physician Signature

Date

Time