

Biopsy/Mediastinoscopy Form

If a new lesion is identified at a later point and new diagnostics are performed, please use a new form.

Biopsy

Was a biopsy performed? ☐ no ☐ yes

Procedure Date
(DD/Mmm/YYYY)

Where was the biopsy performed?

- ☐ Size
☐ No resolution after abx
☐ Growth
☐ Positive PET
☐ other (specify)

- ☐ LUL ☐ endobronchial
☐ LLL ☐ mediastinum
☐ L hilum ☐ pleura
☐ L lingula ☐ other (specify)
☐ RUL
☐ RML
☐ RLL
☐ R hilum

Lesion Site

Indication for Biopsy

Type of Specimen

- ☐ cytology ☐ histology

Type of Procedure

- ☐ needle biopsy ☐ bronchoscopy ☐ VAT ☐ thoracotomy ☐ other (specify)

Procedure Details

Complications during biopsy? ☐ no ☐ yes. If yes, ☐ Chest tube ☐ Pneumothorax ☐ Pneumonectomy ☐ Other, specify:

Biopsy Pathology Details

Mediastinoscopy

Was mediastinoscopy performed? ☐ no ☐ yes

- ☐ LUL ☐ endobronchial
☐ LLL ☐ mediastinum
☐ L hilum ☐ pleura

☐ L lingula ☐ other (specify)

Lesion Site

- ☐ RUL
☐ RML
☐ RLL
☐ R hilum

Procedure Date
(DD/Mmm/YYYY)

Where was the procedure performed?

Complications during procedure? ☐ no ☐ yes If yes, specify:

Molecular Testing

If yes, please specify which tests were performed

- EGFR ☐ no ☐ negative ☐ positive
K-Ras ☐ no ☐ negative ☐ positive
ALK ☐ no ☐ negative ☐ positive
Other (specify) ☐ no ☐ negative ☐ positive

Was molecular testing performed on the pathology specimen? ☐ no ☐ yes