

Unique ID: .....

Date: .....

**Biopsy:**

- ☐ Done ☐ Not done Date: \_\_\_\_\_ Number: \_\_\_\_\_
- a. Type: ☐ Direct ☐ USG guided ☐ FNAC ☐ VAB ☐ True-cut
- b. Site: ☐ Rt ☐ Lt ☐ UOQ ☐ UIQ ☐ LIQ ☐ LOQ ☐ CQ
- c. % of tumor seen: \_\_\_\_\_
- d. Necrosis: ☐ Present ☐ Not present
- e. Lymphovascular emboli: ☐ Present ☐ Not present
- f. DCIS seen: ☐ Yes ☐ No
- g. Diagnosis: ☐ IDC ☐ DCIS ☐ LCS ☐ Papillary CA ☐ Phylloid Ca ☐ Others
- h. Grade: ☐ 1 ☐ 2 ☐ 3

**REPEAT INVESTIGATION? Attach additional sheet:** ☐ Attached ☐ Not attached