

Unique ID: .....

Date: .....

**Biopsy:**

☒ Done

☐ Not done

Date: 01/02/17 Number: G-17/501

a. Type:

☐ Direct

☐ USG guided

☐ FNAC

☐ VAB

☒ True-cut

b. Site: ☐ Rt

☒ Lt

☐ UOQ

☐ UIQ

☒ LIQ

☒ LOQ

☐ CQ 60 doch

c. % of tumor seen: Negative

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

Fibroadenoma

**REPEAT INVESTIGATION? Attach additional sheet:**

☐ Attached

☐ Not attached