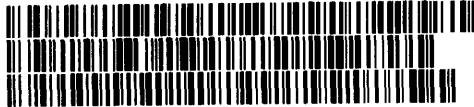


UUID:0A4B7512-EA49-4210-B588-939F58D602FE  
TCGA-VS-A9UH-01A-PR **Redacted**



(MM/DD/YYYY)

PATHOLOGY REPORT:

PRIMARY SITE: Cervix

Cervix biopsy:  
Squamous cell carcinoma.

ICD O-3

Carcinoma, squamous cell NOS

807013

Site: Cervix NOS

C53.9

7/31/14

# TCGA Pathologic Diagnosis Discrepancy Form

VER.00

**Instructions:** The TCGA Pathologic Diagnosis Discrepancy Form should be completed when the pathologic diagnosis documented on the initial pathology report for a case submitted for TCGA is inconsistent with the diagnosis provided on the Case Quality Control Form completed for the submitted case.

Issue Source Site (TSS): \_\_\_\_\_ TSS Identifier: \_\_\_\_\_ TSS Unique Patient Identifier: \_\_\_\_\_

Completed By (Interviewer Name on OpenClinica): \_\_\_\_\_ Completed Date: \_\_\_\_\_

## Diagnosis Information

#	Data Element	Entry Alternatives	Working Instructions
1	Pathologic Diagnosis Provided on Initial Pathology Report	<u>Squamous Cell Carcinoma</u>	Provide the diagnosis/ histologic subtype(s) documented on the initial pathology report for this case. If the histology for this case is mixed, provide all listed subtypes.
2	Histologic features of the sample provided for TCGA, as reflected on the CQCF.	<u>Invasive Squamous Cell Carcinoma</u>	Provide the histologic features selected on the TCGA Case Quality Control Form completed for this case.

## Discrepancy between Pathology Report and Case Quality Control Form

3	Provide the reason for the discrepancy between the pathology report and the TCGA Case Quality Control Form.	Case was reviewed based on Top Slide to be sent to BCR	Provide a reason describing why the diagnosis on the initial pathology report for this case is not consistent with the diagnosis selected on the TCGA Case Quality Control Form.
4	Name of TSS Reviewing Pathologist or Biorepository Director	_____	Provide the name of the pathologist who reviewed this case for TCGA.

*I acknowledge that the above information provided by my institution is true and correct and has been quality controlled.*

\_\_\_\_\_  
TSS Reviewing Pathologist or Biorepository Director

\_\_\_\_\_  
Date

*I acknowledge that the above information provided by my institution is true and correct and has been quality controlled. The Attending Pathologist or the Department Chairman has been informed or is aware of the above discrepancy in diagnoses.*

\_\_\_\_\_  
Principal Interviewer

\_\_\_\_\_  
Date

*PW TSS - pw  
dx discrepancy  
form - tumor is  
invasive - BCR*

Criteria	W 12/9/13	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>	
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>	
HIPAA Discrepancy		<input checked="" type="checkbox"/>	
Prior Malignancy History		<input checked="" type="checkbox"/>	
Dual/Synchronous Primary Noted		<input checked="" type="checkbox"/>	
Case is (circle): <input checked="" type="checkbox"/> QUALIFIED / <input type="checkbox"/> DISQUALIFIED			
Reviewer Initials: <i>MMA</i>			Date Reviewed: <i>12/17/13</i>