

Patient Name:

Med Rec #:

Requested

Ordered By:

Report Name:

Surg Path Case - STATUS: Final

**SEE NOTE

Ordered By:

Facility:

Collect/Perform:

Ordered Date:

Department: PATH

Physician Who Performed Procedure:

Requesting Physician: Not specified

SURGICAL PATHOLOGY,

CASE#:

Attending Pathologist :

DIAGNOSIS:

2 and 4. RIGHT oral pharynx, biopsies:

- Invasive squamous cell carcinoma, moderately to poorly differentiated.
(see comment)

COMMENT: Immunohistochemical stain for P16 is positive (immunohistochemical stain for P16 shows diffuse nuclear staining).

1 and 3. LEFT tongue base normal for research, and RIGHT oral pharynx freeze for study, biopsies:

- The specimens are entirely submitted for research.

This case has been reviewed by one or more pathologists in the

CLINICAL INFORMATION:

Tongue base cancer

GROSS DESCRIPTION:

1. The specimen is received fresh and labeled "left tongue base normal for research". The specimen is entirely submitted for research.

2. The specimen is received fresh and labeled "right oral pharynx for
It consists of a 0.8 x 0.5 x 0.2 cm aggregate of tan-pink soft

ICD-0-3

Carcinoma, squamous cell
NOS 8070/3

Site: Oropharynx NOS
C10.9

6/18/13 J

UUID:81FAE86C-885E-43CE-8FD7-F467C700A2EC
TCGA-MZ-A6I9-01A-PR

Redacted



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tissue fragments. One half of the specimen is submitted for research. The remainder of the specimen is submitted in cassette labeled 2.

3. The specimen is received fresh and labeled "right oral pharynx freeze". The specimen is entirely submitted for research.

4. The specimen is received fresh labeled "right oral pharynx routine pathology". It consists of a 1.8 x 0.8 x 0.2 cm aggregates of tan-pink to red soft tissue fragments. The specimen is entirely submitted in one cassette labeled 4.

The following special studies were performed on this case and the interpretation is incorporated in the diagnostic report above:

1xP16

** Electronic Signature **

**Electronically Signed Out by

I certify that I personally conducted the diagnostic evaluation of the above specimen(s) and have rendered the final diagnosis(es).

Note: The histology, immunochemistry and in situ hybridization components for this case were performed at

The Attending Pathologist reviewed this case and made the diagnosis.

Where applicable, immunohistochemistry and in situ hybridization tests were developed and the performance characteristics determined by the

have not been cleared or approved by the US Food and Drug Administration and the results should be correlated with other clinical and laboratory data. Appropriate controls were performed for all immunohistochemistry, in situ hybridization and histochemical tests.

Criteria	Yes	No
Diagnosis Discrepancy		<input checked="" type="checkbox"/>
Primary Tumor Site Discrepancy		<input checked="" type="checkbox"/>
ImPAA Discrepancy		<input checked="" type="checkbox"/>
Prior Malignancy History		<input checked="" type="checkbox"/>
Qual/Synchronous Primary noted		<input checked="" type="checkbox"/>
Case is (circle):	QUALIFIED	DISQUALIFIED
Reviewer Initials	hw	5/31/13
Date Reviewed:	5/22/13	

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