

ICD-O-3

Carcinoma, squamous cell  
NOS 8020/3

Site: Oropharynx NOS C10.9

6/18/3983

Patient Name:

Med Rec #:

Requested

Ordered By:

Report Name:

UUID:B1FAEB6C-8B5E-43CE-8FD7-F467C700A2EC  
TCGA-MZ-A6I9-01A-PR Redacted



Surg Path Case - STATUS: Final

\*\*SEE NOTE

Collect/Perform:

Ordered By:

Ordered Date:

Facility:

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

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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

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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.

hw 5/31/13 Yes No

Criteria	Qualifed	Dischalified
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
InPAA Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary Index	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case is (circle):	Qualifed	Dischallified
Reviewer Initials	Date Reviewed: 5/22/13	

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