Pathology Report CORRECTED

Report Type ..... Pathology Report
Date of Event ....
Sex ..... M
Authored by .....
Hosp/Group .....
Record Status .... CORRECTED

COMPREHENSIVE THERANOSTIC SUMMARY

IMMUNOHISTOCHEMISTRY: RESULTS
p16: POSITIVE

IN SITU HYBRIDIZATION / FISH: RESULTS
HPV: POSITIVE;
subtypes PAN
selective probe set

Pattern:

Punctate

**See Special Procedure reports below for additional details and background on
In situ/FISH and/or Molecular Anatomic Pathology testing as pertinent**

ICD-O-3
carcinoma, squamous cell non-keratinizing, NOS 8072/3
Site: tonsil, NOS C09.9

Pathologist:
** Report Electronically Signed Out **
By Pathologist:

4/29/12

My signature is attestation that I have personally reviewed the submitted
material(s) and the above diagnosis reflects that evaluation.

FINAL DIAGNOSIS:
TONSIL, RIGHT, BIOPSY
INVASIVE SQUAMOUS CELL CARCINOMA, NON-KERATINIZING TYPE (see comment).

COMMENT:
A p16 immunostain and in-situ hybridization for human papilloma virus (HPV)
DNA will be performed and reported as an addendum.

Pathologist:
** Report Electronically Signed Out **
By Pathologist:

My signature is attestation that I have personally reviewed the submitted
material(s) and the final diagnosis reflects that evaluation.

Criteria	Yes	No
Diagnosis Discrepancy		✓
Primary Tumor Site Discrepancy		✓
HIPAA Discrepancy		✓
Prior Malignancy History		✓
Dual/Synchronous Primary Noted		✓

Case is (circle): QUALIFIED / DISQUALIFIED
Reviewer Initials BTH Date Reviewed: 4/30/2012

8/20/12

GROSS DESCRIPTION:
The specimen is received unfixed labeled with the patient's name, initials XXX
and "biopsy of right tonsil". The specimen consists of multiple tan-gray,
soft to firm fragments of tissue measuring 1.5 x 1.0 x 0.3 cm in aggregate.
Following frozen section consult the specimens are entirely submitted in
cassette labeled AFS.
Formalin exposure time: 33 hours
GROSSED BY:

INTRAOPERATIVE CONSULTATION:
1 AFS: BIOPSY OF RIGHT TONSIL (frozen section)-
A. SUFFICIENT FOR ANCILLARY STUDIES.
B. MALIGNANT.
C. SQUAMOUS CELL CARCINOMA

MICROSCOPIC:
Microscopic examination substantiates the above diagnosis.

The following statement applies to all immunohistochemistry, Insitu Hybridization Assays (ISH & FISH), Molecular Anatomic Pathology, and Immunofluorescent Testing:
The testing was developed and its performance characteristics determined bv
the)epartment of Pathology, as required by the CLIA
'88 regulations. The testing has not been cleared or approved for the specific use by the U.S. Food and Drug Administration, but the FDA has determined such approval is not necessary for clinical use. Tissue fixation
ranges from a minimum of 2 to a maximum of 84 hours.
This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") as qualified to perform high-complexity clinical
testing. Pursuant to the requirements of CLIA, ASR's used in this laboratory
have been established and verified for accuracy and precision. Additional
information about this type of test is available upon request.
PATIENT HISTORY:
CHIEF COMPLAINT/PRE-OP/POST-OP DIAGNOSIS: Tonsil mass
PROCEDURE: Direct laryngoscopy and biopsy
SPECIFIC CLINICAL QUESTION: Not answered
OUTSIDE TISSUE DIAGNOSIS: Not answered
PRIOR MALIGNANCY: Not answered
CHEMOTHERAPY: Not answered
ORGAN TRANSPLANT: Not answered
IMMUNOSUPPRESSION: Not answered
OTHER DISEASES: Not answered
HISTO TISSUE SUMMARY/SLIDES REVIEWED:
Part 1: Biopsy of Right Tonsil
Taken:
Stain/ Block

ANEG Mouse x 1 AFS
HHE x 1 AFS
HCOM x 1 AFS
ISHBNK x 1 AFS
ISHBNK x 1 AFS
H&E x 1 AFS
HPV x 1 AFS
IISH x 1 AFS
P16 x 1 AFS
TC1