UUID:39021188-D919-41B7-99D1-0D5140967526
TCGA-C5-A8XH-01A-PR Redacted

Patient Name: [redacted]
DOB: [redacted] MRN: [redacted]
Accession: [redacted] PAN: [redacted]

ICD-O-3
Carcinoma, squamous cell NOS 8070/3
Site Cervix NOS C53.9
GJ 11/7/14

[redacted] Surgical Pathology Report Final

[redacted]

SURGICAL PATHOLOGY REPORT
* Consult Report *
FINAL

Patient Name: [redacted]
Address: [redacted]
Gender: F
DOB: [redacted] (Age: [redacted])
Service: [redacted]
Location: [redacted]
MRN: [redacted]
Hospital #: [redacted]
Patient Type: [redacted]
Accession [redacted]
Taken:
Received: [redacted]
Accessioned: [redacted]
Reported: [redacted]

Physician(s):
[redacted] M.D.
[redacted]

Other Related Clinical Data:
DIAGNOSIS
UTERUS, ENDOCERVIX, BIOPSY [redacted]
- INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED
- NO LYMPHOVASCULAR SPACE INVASION IDENTIFIED
UTERUS, CERVIX, 12 O'CLOCK, BIOPSY [redacted]
- INVASIVE SQUAMOUS CELL CARCINOMA, MODERATELY DIFFERENTIATED
- NO LYMPHOVASCULAR SPACE INVASION IDENTIFIED
[redacted] By this signature, I attest that the above diagnosis is based upon my personal examination of the slides(and/or other material indicated in the diagnosis) [redacted] Ph.D.
***Report Electronically Reviewed and Signed Out By [redacted] M.D., Ph.D.:***
Microscopic Description and Comment
Microscopic examination substantiates the above cited diagnosis.
[redacted] M.D.
History
The patient is a [redacted] year old woman.
Material(s) Received
Received two slides labeled [redacted] with accompanying corresponding pathology report. The material originates from [redacted]
The performance characteristics of some immunohistochemical stains, fluorescence in-situ hybridization tests and immunophenotyping by flow cytometry cited in this report (if any) were determined by the [redacted] as part of an ongoing quality assurance program and in compliance with federally mandated regulations drawn from the Clinical Laboratory Improvement Act of 1988 (CLIA '88). Some of these tests rely on the use of "analyte specific reagents" and are subject to specific labeling requirements by the US Food and Drug Administration. Such diagnostic tests may

only be performed in a facility that is certified by the Department of Health and Human Services as a high complexity laboratory under CLIA '88. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. Nevertheless, federal rules concerning the medical use of analyte specific reagents require that the following disclaimer be attached to the report:

This test was developed and its performance characteristics determined by the [redacted]. It has not been cleared or approved by the U. S. Food and Drug Administration.



| 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 | Date Reviewed: | |

lw 12/10/13