

Prostate Core Needle Biopsy Histopathology Reporting Guide

Part 1 - Clinical Information/Specimen Receipt



Family/Last name

Given name(s)

Date of birth

Patient identifiers

Date of request

Accession/Laboratory number

Elements in **black text** are REQUIRED. Elements in **grey text** are RECOMMENDED. SCOPE OF REPORTING GUIDE

CLINICAL INFORMATION (select all that apply)

- Not provided
- Previous history of prostate cancer *(including the Gleason grade and score of previous specimens if known)*
- Previous biopsy *(specify date and where performed)*

- Previous therapy *(specify)*
- Other *(specify)*

CLINICAL STAGE

PRE-BIOPSY SERUM PSA ng/mL

BLOCK IDENTIFICATION KEY
(List overleaf or separately with an indication of the nature and origin of all tissue blocks)

SPECIMENS SUBMITTED

Specimen/container identification	Location from which taken <i>(if specified)</i>	Total number of cores	Length of core(s)

