



# Prostate Biopsy Request Form

Renal and Urological Pathology, Department of Pathology,  
Ramathibodi Hospital, Mahidol University

Gross.....

ORGAN CODE **7710+06734**

Slide.....

PRICE

Resident.....Staff อ.พนัส / อ.สุชิน

จำนวนขวด ..... วันที่รับ..... เวลา..... ผู้นำส่ง..... ผู้รับ.....	<b>Patient ID Barcode</b>	<b>SURGICAL NUMBER</b>																
นัดตรวจผู้ป่วยครั้งต่อไป OPD/Ward	ATTN STAFF: ID: TEL:	Resident/Fellow: ID: TEL:																
<b>History and Clinical Diagnosis:</b>																		
PSA: ..... ng/ml Prostate volume: .....ml PASD: ..... Free PSA: ..... %	<b>Underlying disease</b> <input type="radio"/> Smoking <input type="radio"/> HT <input type="radio"/> Obesity <input type="radio"/> Malignancy <input type="radio"/> Other																	
<table style="width:100%; border: none;"> <tr> <td style="width:25%; text-align: center;">Left</td> <td style="width:25%; text-align: center;">Right</td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td><input type="checkbox"/> L. Lat Base</td> <td><input type="checkbox"/> L. Base</td> <td><input type="checkbox"/> R. Base</td> <td><input type="checkbox"/> R. Lat Base</td> </tr> <tr> <td><input type="checkbox"/> L. Lat Middle</td> <td><input type="checkbox"/> L. Middle</td> <td><input type="checkbox"/> R. Middle</td> <td><input type="checkbox"/> R. Lat Middle</td> </tr> <tr> <td><input type="checkbox"/> L. Lat Apex</td> <td><input type="checkbox"/> L. Apex</td> <td><input type="checkbox"/> R. Apex</td> <td><input type="checkbox"/> R. Lat Apex</td> </tr> </table>			Left	Right			<input type="checkbox"/> L. Lat Base	<input type="checkbox"/> L. Base	<input type="checkbox"/> R. Base	<input type="checkbox"/> R. Lat Base	<input type="checkbox"/> L. Lat Middle	<input type="checkbox"/> L. Middle	<input type="checkbox"/> R. Middle	<input type="checkbox"/> R. Lat Middle	<input type="checkbox"/> L. Lat Apex	<input type="checkbox"/> L. Apex	<input type="checkbox"/> R. Apex	<input type="checkbox"/> R. Lat Apex
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Total: _____ Cores _____ Bottles <input checked="" type="checkbox"/> Immunohistochemical study Signature: _____ M.D. ID No: _____ Tel: _____																		
<b>For Pathologist only</b>																		
Two containers are received. I: labeled "R1. prostate". The specimen consists of .....cores of soft white tan rod tissue measuring .....cm long and 0.1 cm in diameter. All are submitted as: A- C, respectively. II: labeled "R2. prostate". The specimen consists of .....cores of soft white tan rod tissue measuring .....cm long and 0.1 cm in diameter. All are submitted as: D- F, respectively. III: labeled "L1. prostate". The specimen consists of .....cores of soft white tan rod tissue measuring .....cm long and 0.1 cm in diameter. All are submitted as: G- I, respectively. IV. labeled "L2. prostate". The specimen consists of .....cores of soft white tan rod tissue measuring .....cm long and 0.1 cm in diameter. All are submitted as: J - L, respectively.																		
Submitted by _____ Date _____																		
Dx: I) Prostate gland, R1, TRUS Bx: <input type="checkbox"/> Consistent with BPH <input type="checkbox"/> High grade PIN <input type="checkbox"/> Atypical glands suspicious for cancer <input type="checkbox"/> Prostatic adenocarcinoma, Gleason's score ____ ( __ + __ ) in _____ <input type="checkbox"/> Presence of perineural invasion II) Prostate gland, R2, TRUS Bx: <input type="checkbox"/> Consistent with BPH <input type="checkbox"/> High grade PIN <input type="checkbox"/> Atypical glands suspicious for cancer <input type="checkbox"/> Prostatic adenocarcinoma, Gleason's score ____ ( __ + __ ) in _____ <input type="checkbox"/> Presence of perineural invasion III) Prostate gland, L1, TRUS Bx: <input type="checkbox"/> Consistent with BPH <input type="checkbox"/> High grade PIN <input type="checkbox"/> Atypical glands suspicious for cancer <input type="checkbox"/> Prostatic adenocarcinoma, Gleason's score ____ ( __ + __ ) in _____ <input type="checkbox"/> Presence of perineural invasion IV) Prostate gland, L2, TRUS Bx: <input type="checkbox"/> Consistent with BPH <input type="checkbox"/> High grade PIN <input type="checkbox"/> Atypical glands suspicious for cancer <input type="checkbox"/> Prostatic adenocarcinoma, Gleason's score ____ ( __ + __ ) in _____ <input type="checkbox"/> Presence of perineural invasion																		
Sign out by: _____ Date: _____																		