Accession Number: Click here to enter text.

Breast History
Imaging and Previous Pathology Reports

Patient Name: Click here to enter text.

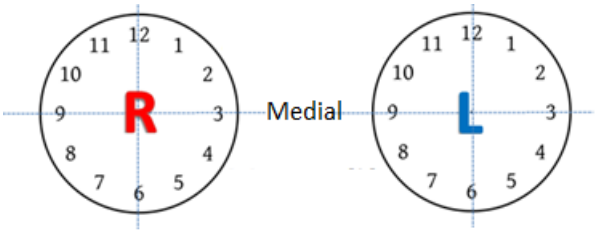
MRN: Click here to enter text.

Procedure: Choose an item.

Side:
Choose an item.

Size: Choose an item.
(by Choose an item.)

Location: Click here to enter text.o'clock. Click here to enter text.depth. Click here to enter text. cm FN.



Diagnosis of Biopsy: (including grade and growth pattern)
Click here to enter text.

Biomarker Status:

ER	PR	HER-2
Choose an item.	Choose an item.	Choose an item.

Was there LVI on initial biopsy?
☐ YES
☐ NO

Is there a clip?
☐ YES
- **Location:** Click here to enter text.
- **Type:** ☐ Winged, ☐ Ribbon, ☐ Coiled

☐ NO

Was the patient treated?
☐ YES
- ☐ **Hormonal treatment** Click here to enter text.
- ☐ **Chemotherapy** Click here to enter text.
- **Original size:** Click here to enter text.
- **Current size:** Click here to enter text.

☐ NO

Is there palpable LAD or LAD on imaging?
☐ YES
- ☐ Palpable
- ☐ Imaging

☐ NO

Accession # _____

Supplementary File 2

SPECIMEN:

Specimen Size (S→I)_____, (M→L)_____, (S→D)_____.

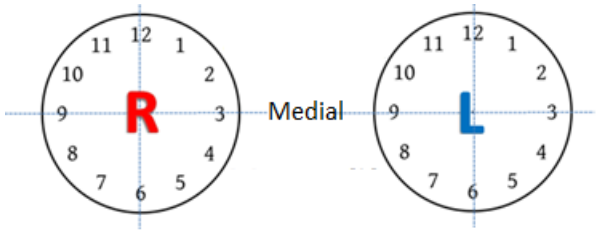
Weight _____gm

Areolar Size ____x____cm

Nipple Size ____x____x____cm; everted/inverted/flat

Skin Ellipse Size ____x____cm; tan-pink/tan-brown/brown-black

Scar/Nevi_____. **Deep Attached Pectoralis** _____. **Tail Size** ____x____x____cm.



TUMOR:

Tumor Size (S→I)_____, (M→L)_____, (S→D)_____.

Color: tan-pink/tan-white/tan-grey. **Shape/Consistency**: irregular/fibrotic/spiculated/hemorrhagic/necrotic/well-circum.

Tumor Location: _____(fr. superficial superior), _____(fr. superficial inferior), _____(fr deep). **Involve Margin?** Y/N

INK CODE:
Superficial superior: Blue
Superficial inferior: Red
Deep: Black

SLICE:
# of Slices_____

Clips in slice #_____

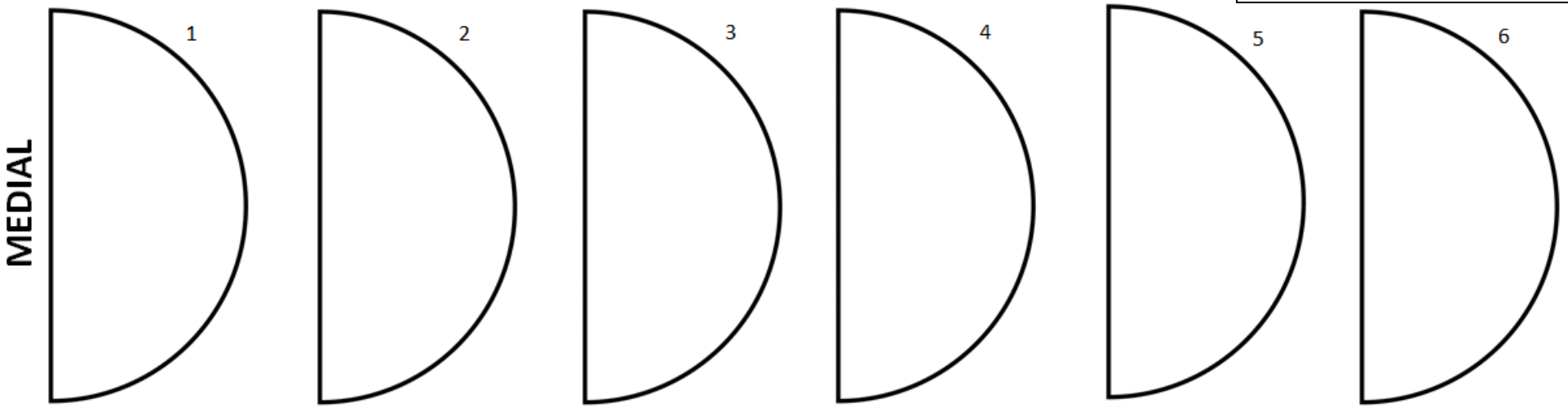
Nipple in slice # _____

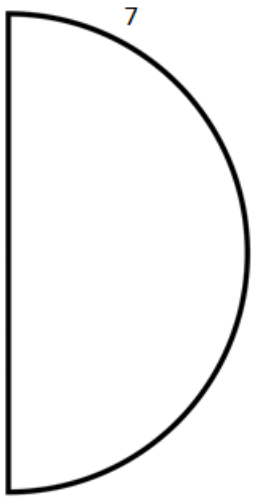
Tumor in slice # _____

OTHER:
Remaining Breast Tissue
_____% adipose
_____%fibrous

Axillary LN: #_; **Cut Surf:** _____.
___x___x___cm to ___x___x___cm.

Other Lesions _____.

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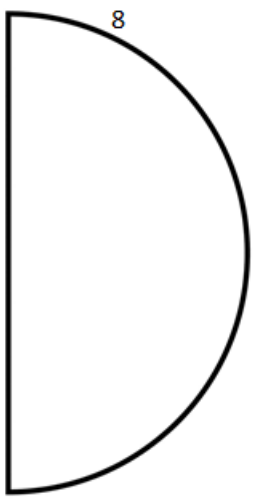
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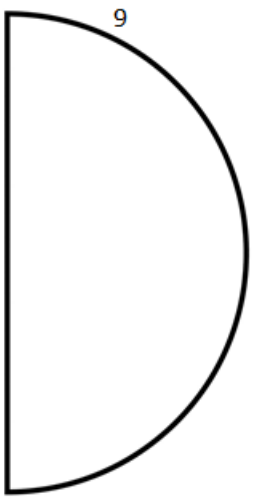
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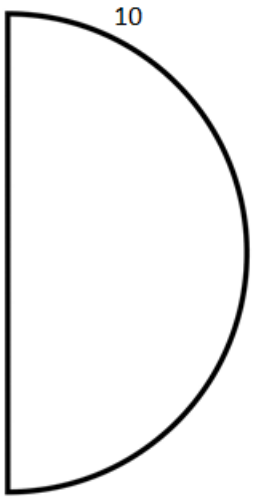
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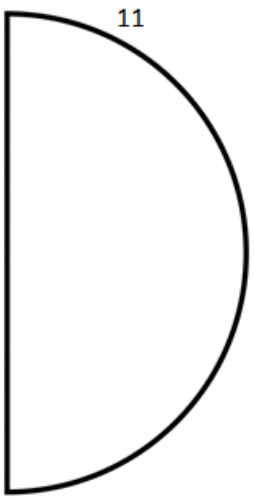
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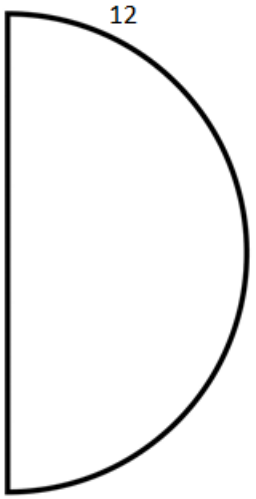
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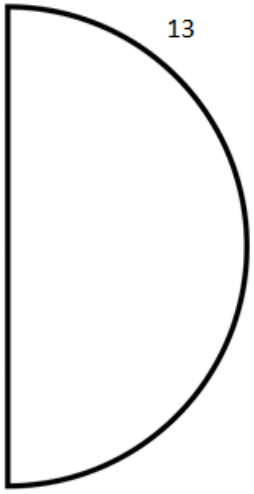
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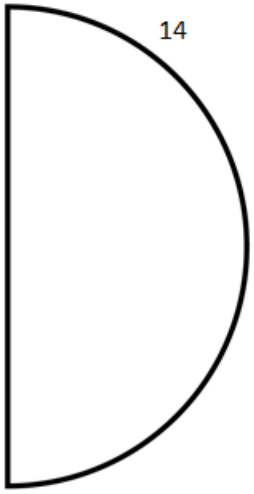
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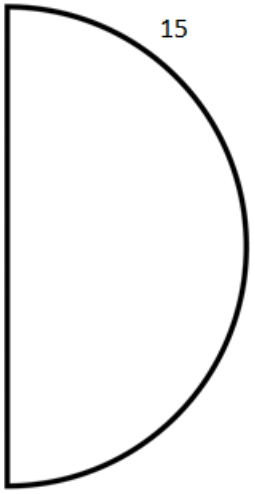
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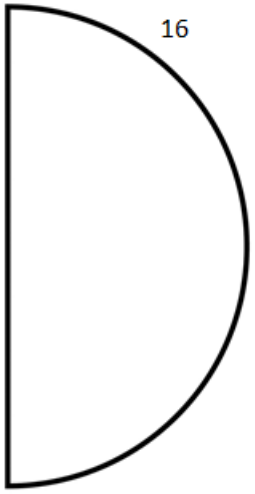
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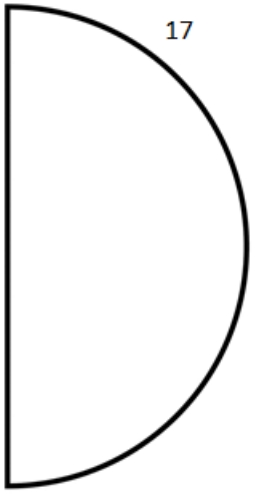
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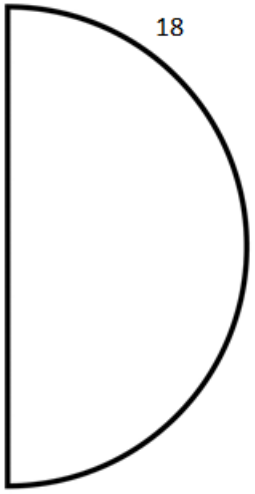
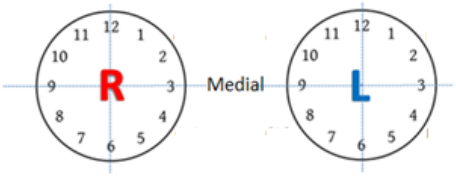

18

Accession # _____ Supplementary File 3

SPECIMEN:

Specimen Size (S→I)_____, (M→L)_____, (S→D)_____.

Weight _____gm



TUMOR:

Tumor Size (S→I)_____, (M→L)_____, (S→D)_____.

Cavity Size (S→I)_____, (M→L)_____, (S→D)_____.

Color: tan-pink/tan-white/tan-grey. **Shape/Consistency:** irregular/fibrotic/spiculated/hemorrhagic/necrotic/well-circum.

Tumor/Cavity Distance from Margin: _____(fr. superior), _____(fr. inferior), _____(fr. medial), _____(fr. lateral), _____(fr. deep), _____(fr. superficial). **Involve Margin?** Y/N

INK CODE:
Superior: Yellow
Inferior: Red
Deep: Black
Superficial: Blue

SLICE:
# of Slices_____
Clips in slice #_____
Nipple in slice # _____
Tumor in slice # _____

OTHER:
Remaining Breast Tissue
_____% adipose
_____%fibrous

Other Lesions _____.