Protocol for the Examination of Tumor Biopsy Specimens For Which a Site-Specific Protocol is Not Available

Version: Generic Template Biopsy 1.0.0.0  Protocol Posting Date: August 2019

Accreditation Requirements
The use of this protocol is not required for accreditation purposes.

This protocol may be used for the following procedures AND tumor types:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy</td>
<td>Includes incisional biopsy, excisional biopsy, fine needle aspiration, and other biopsy procedures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solid tumor</td>
<td>May be used for any malignancy only when an appropriate organ-specific biopsy protocol is not available</td>
</tr>
</tbody>
</table>

The following should NOT be reported using this protocol:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resection</td>
<td>(consider Generic Tumor Resection protocol)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any tumor</td>
<td>for which an appropriate organ-specific protocol is available</td>
</tr>
</tbody>
</table>

Authors
Patrick L. Fitzgibbons, MD*; Thomas P. Baker, MD*
With guidance from the CAP Cancer and CAP Pathology Electronic Reporting Committees.
* Denotes primary author. All other contributing authors are listed alphabetically.

Summary of Changes
1.0.0.0 – New Generic Template Biopsy protocol
Surgical Pathology Cancer Case Summary

Protocol posting date: August 2019

Generic Template: Biopsy

Notes:
This case summary may be useful for clinical care purposes, but is NOT REQUIRED for accreditation purposes. Core data elements are bolded to help identify routinely reported elements.

Select a single response unless otherwise indicated.

Treatment History
___ No known prior treatment
___ Prior treatment given (specify): _____________________________
___ Not specified

Procedure
___ Needle biopsy
___ Incisional biopsy
___ Excisional biopsy
___ Fine needle aspiration
___ Biopsy, not otherwise specified
___ Other (specify): _____________________________

Specimen Site (specify): ________________

Specimen Laterality
___ Right
___ Left
___ Not specified
___ Not applicable

Specimen Adequacy
___ Adequate
___ Suboptimal (explain): _____________________________

Histologic Type (specify): _____________________________

Histologic Grade (specify): _____________________________

Lymphovascular Invasion
___ Not identified
___ Present
___ Cannot be determined

Ancillary Studies (repeat as needed, list pending biomarker studies in the Comments section of this report)
Biomarker Tested (specify): _____________________________
  Results (specify): _____________________________
  Testing Method (specify): _____________________________

Comment(s)

The routinely reported core data elements are bolded.