



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:

Procedure	Description
Biopsy	Includes incisional biopsy, excisional biopsy, fine needle aspiration, and other biopsy procedures
Tumor Type	Description
Solid tumor	May be used for any malignancy only when an appropriate organ-specific biopsy protocol is not available

The following should NOT be reported using this protocol:

Procedure
Resection (consider Generic Tumor Resection protocol)
Tumor
Any tumor for which an appropriate organ-specific protocol is available

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)