## PROFORMA FOR FALSE POSITIVE BIOPSIES

## Clinical Data Proforma

#### **Background information**

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| --- | --- |
| Jurisdiction: |  |
| SAS: |  |
| Client age: |  |
| Side: |  |
| Lesion imaging grade: |  |
| Lesion imaging morphology: | Choose an item. |
| Lesion imaging size, mm: |  |
| Strong FHX indicated/known: |  |
| Findings on Clinical Breast Examination: |  |

#### **Biopsy**

|  |  |
| --- | --- |
| Guidance:  | Choose an item. |
| Equipment technical issues: | Choose an item. |
| If Other, please explain:  |
| Issues: |  |
| Method:  | Choose an item. |
| Biopsy clip placed: | Choose an item. |
| If Other, please explain: |
| Position: |  |
| Biopsy pathology diagnosis:(copy and paste from the pathology report)  |  |
| Date of Biopsy: | Click or tap to enter a date. |
| Original needle biopsy report and slides reviewed: | Choose an item. |
| If Other, please explain: |
| Needle biopsy and slide review outcome: |  |
| Original needle biopsy reviewed and no longer definitive for malignancy: | Choose an item. |
| If Other, please explain: |
| Any further needle biopsy (with result)? |  |

#### **BSA Service Recommendation**

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| --- | --- |
| Service Recommendation | Choose an item. |
| If Other, please explain: |

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#### **Client Consultation**

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| What was the woman told regarding the nature of her screen detected lesion at the time? | Choose an item. |

#### **Surgery**

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| Nature of surgery: | Choose an item. |
| Was any image guided or surgical axillary procedure performed?(Choose all relevant options) | FNA Core SN Biopsy Axillary SamplingAxillary Dissection  | [ ] [ ] [ ] [ ] [ ]  |
| Findings on surgical pathology: (copy and paste from the pathology report)  |  |
| Biopsy site seen in pathology report: | Choose an item. |
| Date of Surgical pathology report: | Click or tap to enter a date. |

#### **Timelines**

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| --- | --- |
| What was the time interval between the initial diagnosis and the final pathology result being known at the Service? |  |

#### **Service Clinical Review After the Incident, led by Clinical Director**

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| --- | --- |
| Was a clinical review of the incident undertaken? | Choose an item. |
| What was the nature of the review?  |  |
| Was there multidisciplinary input into the review? | Choose an item. |
| Outcome of review:  |  |

#### **Notification**

|  |  |
| --- | --- |
| Were the clinical and risk oversight committees notified? | Choose an item. |
| Was the NQMC notified?  | Choose an item. |
| How was the patient notified of the adverse event?  |  |

#### **Authorisation**

|  |  |
| --- | --- |
| Clinical Director: |  |
| Signature: |  |
| Date:  | Click or tap to enter a date. |