

## Prostate Biopsy Pathology Report / FINAL

**PATIENT NAME**
**PATIENT NAME**

Male, Age: XX - DOB: XX/XX/XXXX - EMR: #XXXXXXX

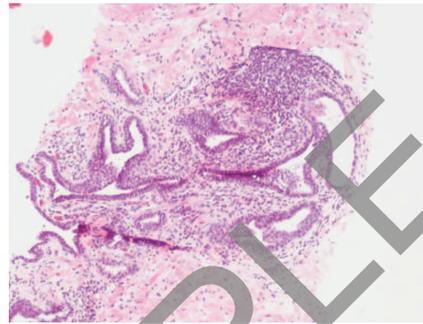
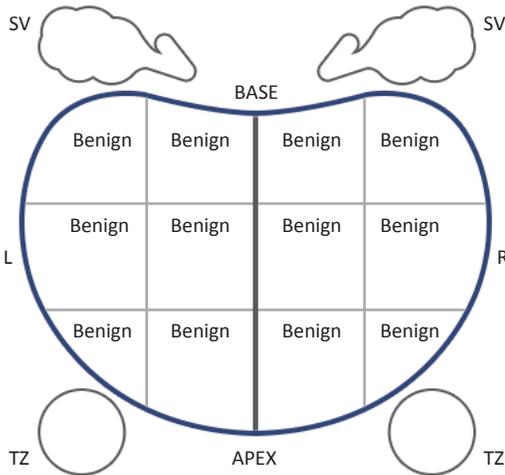
**PHYSICIAN INFORMATION**
**PHYSICIAN NAME**

 Practice Name  
 Practice Address  
 PHONE: (XXX) XXX-XXXX FAX: (XXX) XXX-XXXX

**ACCESSION NUMBER**
**XXXXXXXXXX**

 DATE COLLECTED: 4/16/2015  
 DATE RECEIVED: 4/17/2015  
 DATE REPORTED: 4/20/2015

Clinical Information: PSA: 3.83. ng/mL 02/26/2015 | Clinical Stage: None Provided

**PROSTATE BIOPSY DIAGRAM**
**MICROGRAPHS**

**LEGEND**

<b>C</b> Malignant	<b>A</b> Atypical / Suspicious	<b>H</b> HGPIN
<b>!</b> See Notes	<b>X</b> Extraprostatic Extension	<b>P</b> Perineural Invasion

**DIAGNOSIS**

Specimen Site	Diagnosis	Gleason Score	% Involved	Tumor Length	Core Length (mm)	Fragments
1. Left Base	Benign				15	1
2. Left Mid	Benign				20	1
3. Left Apex	Benign				22	1
4. Left Lateral Base	Benign				11	1
5. Left Lateral Mid	Benign				20	1
6. Left Lateral Apex	Benign				20	1
7. Right Base	Benign				15	1
8. Right Mid	Benign				20	1
9. Right Apex	Benign				20	1
10. Right Lateral Base	Benign				11	1
11. Right Lateral Mid	Benign				11,3	2
12. Right Lateral Apex	Benign				11	1

**DIAGNOSIS NOTES**

- PTEN and ERG molecular assays not performed; specimen does not meet reflex criteria as noted on requisition form.
- A mild nonspecific chronic inflammatory infiltrate is noted focally in multiple cores.

Photomicrographs and other supporting diagrams, if present, are a symbolic representation of the key findings for this case. The site and or sites designated on the diagram are based upon clinical information provided and do not necessarily indicate the specific location from where the biopsy was taken. The photomicrographs and diagrams are not intended to replace a complete reading of the final report. Metamark Genetics is certified under Clinical Laboratory Improvements Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

**PARTIN TABLE**

## Prostate Biopsy Pathology Report / FINAL

### PATIENT NAME

#### PATIENT NAME

Male, Age: XX - DOB: XX/XX/XXXX - EMR: #XXXXXXX

### PHYSICIAN INFORMATION

#### PHYSICIAN NAME

Practice Name  
Practice Address  
PHONE: (XXX) XXX-XXXX FAX: (XXX) XXX-XXXX

### ACCESSION NUMBER

XXXXXXXXXX

DATE COLLECTED: 4/16/2015  
DATE RECEIVED: 4/17/2015  
DATE REPORTED: 4/20/2015

### BILLING SUMMARY

Gitika Aggarwal, MD  
Final Report Electronically Signed on 4/20/2015 at 9:12 AM

SAMPLE