

Prostate Biopsy Pathology Report / FINAL

PATIENT INFORMATION

Patient Name

Male, Age: XX | DOB: XX | EMR: XX

PHYSICIAN INFORMATION

Physician Name

Physician Practice
Physician Address - Line 1
Physician Address - Line 2

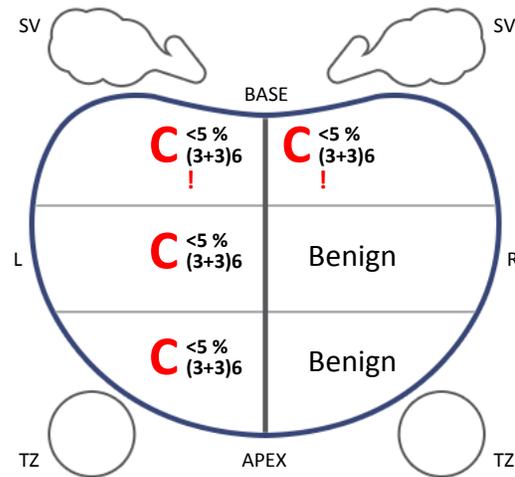
ACCESSION NUMBER

Accession

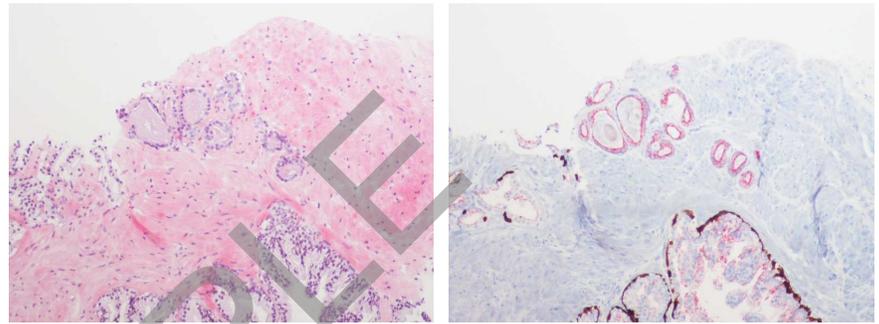
DATE COLLECTED: 4/10/2015
DATE RECEIVED: 4/13/2015
DATE REPORTED: 4/15/2015

Clinical Information: | Clinical Stage: None Provided

PROSTATE BIOPSY DIAGRAM



MICROGRAPHS



LEGEND

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

DIAGNOSIS

Specimen Site	Diagnosis	Gleason Score	% Involved	Tumor Length	Core Length (mm)	Fragments
1. Left Base	Adenocarcinoma !	(3+3)6	<5 %	0.5 mm	90 (multiple)	Multiple
2. Left Mid	Adenocarcinoma	(3+3)6	<5 %	0.5 mm	52 (multiple)	Multiple
3. Left Apex	Adenocarcinoma	(3+3)6	<5 %	1 mm	54 (multiple)	Multiple
4. Right Base	Adenocarcinoma !	(3+3)6	<5 %	0.5 mm	84 (multiple)	Multiple
5. Right Mid	Benign				68 (multiple)	Multiple
6. Right Apex	Benign				48 (multiple)	Multiple

DIAGNOSIS NOTES

- The diagnosis of carcinoma (in specimens #1A, 2A, and 3A) is supported by the failure of immunoperoxidase staining for high molecular weight cytokeratin and p63 to demonstrate basal cells in the atypical glands. Also favoring the diagnosis of cancer is that staining for racemase (a marker preferentially expressed in prostate cancer) is positive. All positive and negative controls show proper staining. In specimen 4B, the glands in question have basal cells. However, there is a focus of adenocarcinoma in 4A which is not present for PIN4 stain.
- PTEN / ERG molecular testing is being performed on this case. The results of these prognostic assays will be sent under separate cover upon completion.

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.

BILLING SUMMARY

CPT Codes: 88305 (x6), 88344 (x4)

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FDA DISCLAIMER

These immuno stains were developed and their performance characteristics determined by Metamark Genetics. These have not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes and should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and is qualified to perform high complexity clinical laboratory testing. Reporting of this case is in compliance with Metamark's Intradepartmental Review Policies.

Dwight Mirmow, MD

Final Report Electronically Signed on 4/15/2015 at 3:12 PM

SAMPLE