**POSH: Diagnosis Information**

**Section 1 - Menopausal Status**
Please tick the status that applies

- [ ] Premenopausal
- [ ] Perimenopausal
- [ ] Postmenopausal
- [ ] Unknown

**Section 2 - Presentation**
Please tick the appropriate presentation then any sites of distant metastatic disease that apply

- [ ] Incidental at breast reduction appointment
- [ ] Incidental at Breast Reduction Mammoplasty
- [ ] Incidental at Mastectomy
- [ ] Incidental at reconstruction
- [ ] Routine Follow-up and imaging
- [ ] Screen detected-Mammo
- [ ] Screen detected-MRI
- [ ] Screen detected-Sono
- [ ] Symptomatic

**Sites Of Distant Metastatic Disease At Presentation**

- [ ] Bone
- [ ] Bone Marrow
- [ ] Brain Meninges
- [ ] Brain Parenchyma
- [ ] Liver
- [ ] Lung Parenchyma
- [ ] Lung Pleura
- [ ] Mediastinal Lymph Nodes
- [ ] Other
- [ ] Ovary
- [ ] Pericardium
- [ ] Peritoneum
- [ ] Retroperitoneal Lymph Nodes
- [ ] Supraclavicular Lymph Nodes

If ‘other’, please specify:

**Section 3 - Scan Results**
Please write the result and location of any scans performed

<table>
<thead>
<tr>
<th>Scan Results</th>
<th>Result</th>
<th>Location of scan (Hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRI</td>
<td></td>
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<tr>
<td>PET</td>
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<tr>
<td>Ultrasound</td>
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</tbody>
</table>

**Section 4 - Location Of Tumor**
Please tick the location representing the site and side of the tumor

- [ ] left
- [ ] left behind nipple
- [ ] Left Lower Inner Quadrant
- [ ] Left Lower Outer Quadrant
- [ ] left multi-quadrat
- [ ] Left Upper Inner Quadrant
- [ ] Left Upper Outer Quadrant
- [ ] right
- [ ] right behind nipple
- [ ] Right Lower Inner Quadrant
- [ ] Right Lower Outer Quadrant
- [ ] right multi-quadrat
- [ ] Right Upper Inner Quadrant
- [ ] Right Upper Outer Quadrant
- [ ] Unknown

**Section 5 - Basis Of Diagnosis**
Please tick the relevant basis of diagnosis prior to definitive surgery

- [ ] Clinical
- [ ] Cytology
- [ ] Excision
- [ ] Histology core biopsy
- [ ] Histology excision biopsy
- [ ] Pathological Examination
- [ ] Radiology
Section 6 - Required Documents
Please tick and return the ticked documents with this form

<table>
<thead>
<tr>
<th>Copies of the following documents must be provided</th>
<th>Enclosed</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytology Report</td>
<td></td>
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<tr>
<td>Imaging - Mammo Report</td>
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<td>Imaging - MRI Report</td>
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<td>Imaging - Sonno Report</td>
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<tr>
<td>Initial Clinical Assessment</td>
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<tr>
<td>Pathology - Core Biopsy Report</td>
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<tr>
<td>Pathology - Definitive Surgery Report</td>
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<tr>
<td>Pathology - Excision Biopsy Report</td>
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</tbody>
</table>