# Appendix D Histopathology reporting proforma: transurethral specimens (biopsy or TUR)

Surname: Forenames:

Date of birth: Sex:

Hospital: Hospital no: NHS/CHI no:

Date of reciept: Date of reporting: Report no:

Pathologist: Surgeon:

## Relevant clinical information

………………………………………………………………………………………………………

### Site of the specimen

Renal pelvis □ Ureter □ Urethra □

Bladder □ Site(s) in bladder (if known)………………………………………

### Nature of specimen/procedure

Biopsy □ TUR □

## Macroscopy

Weight of TUR ………… g

## Microscopy

### Tumour type

Urothelial carcinoma □ Squamous cell carcinoma □ Adenocarcinoma □

Mullerian type tumour □ Small cell neuroendocrine carcinoma □

Large cell neuroendocrine carcinoma □ Other (specify)………………………………

### Urothelial carcinoma subtype/variant (specify percentage if present)

Not identified □

Squamous □……% Glandular □……% Micropapillary □……%

Nested □……% Plasmacytoid □……% Sarcomatoid □……%

Other (specify with percentages) □ ………………………………………………………….……

### Tumour grade

Not applicable □ Cannot be determined □

**Urothelial carcinoma**

WHO 1973: Grade 1 □ Grade 2 □ Grade 3 □

WHO 2004: Low grade □ High grade □

**Squamous cell carcinoma or adenocarcinoma**

Well differentiated □ Moderately differentiated □ Poorly differentiated □

### Maximum extent of tumour invasion

Not assessable □ Non-invasive papillary carcinoma □

Tumour invades lamina propria (submucosa) □ Tumour invades muscularis propria □

Tumour involves prostatic ducts/acini □ Tumour invades prostatic stroma □

Other (specify) ………………………

### Associated CIS:

Yes (adjacent to tumour) □ Yes (elsewhere) □ No □ Not assessable □

### Lymphovascular invasion:

Yes □ No □ Not assessable □

### Status of muscularis propria:

Present □ Not present □ Indeterminate □

Not applicable (e.g. for prostatic urethra biopsy) □

Other disease process(es) present/comments:
……………………………………….............................................................................................

**SNOMED codes:** T………………… M………………

Further comments:
…………………………………….............................................................................................

**Pathologist……………………………… Date………………………**