**Appendix C Reporting proforma for ocular retinoblastoma**

Surname: ……………………… Forenames: ……………………… Date of birth: ……………

Sex: M / F

Hospital: ……………………… Hospital no.: …………… NHS/CHI no.: ………………………

Date specimen taken: ……………………… Date of receipt: …………………………………

Date of reporting: …………………………… Report no: ………………………………………

Pathologist: …………………………………. Surgeon: ………………………………………..

**Macroscopic description**

**Specimen type**

Enucleation □ Partial exenteration □ Complete exenteration □
Other □ …………….

**Site**

Left eye □ Right eye □

**After sectioning**

Number of tumour foci: Unifocal □ Multifocal □ Cannot be assessed □
Site of tumour: Clock hours:…………………………………………………………

**Ocular structures involved**

Anterior chamber □ Optic disc □ Iris □ Choroid □ Angle □ Sclera □ Ciliary body □ Extraocular spread/orbit □ Vitreous □ Cannot be assessed □

**Macroscopic comments**

**Histology**

**Retinoblastoma present:** Yes □ No □

**Retinocytoma present:** Yes □ No □

**Structures involved by tumour**

**Anterior chamber/iris/trabecular meshwork/Schlemm’s canal invasion:**

Present □ (pT2b) Not identified □

**Focal choroidal invasion:** Present □ (pT2a) Not identified □

**Massive choroidal invasion:** Present □ (pT3a) Not identified □

**Scleral invasion:**

Yes, inner two-thirds □ (pT3c) Yes, Outer third/full thickness □ (pT3d)
Not identified □

**Invasion into or around emissary channels:**

Present □ (pT3d) Not identified □

**Extrascleral/orbit invasion (pT4):**

Present □ Not identified □

**Number of tumour foci**

Unifocal □ Multifocal □ Cannot be assessed □

**Optic nerve invasion:** Present □ Not identified □

*If optic nerve invasion present:*

Degree of optic nerve invasion: Pre-laminar (pT2a) □ Laminar (pT2a) □
Post-laminar (pT3b) □

Optic nerve resection margin: Involved (pT4) □ Not involved □

Meningeal space: Involved (pT4) □ Not involved □

**Resection margins (for exenterations):**

Involved □ Not involved □ Cannot be assessed □ Not applicable □

**Histology comments**

**Pathological staging**  pT pN pM (TNM 8th edition)

**SNOMED codes** T………. / M…………

Signature……………………… Date………………….