**Appendix E Reporting proforma for primary cutaneous lymphoma specimens**

Surname: ………………… Forenames: ...…………………… Date of Birth: ………… Sex: ...…..

Referring organisation: ...………………………… Hospital No: ……………… NHS No:…………

Biopsy taker: ……………………………… Caring physician: ……………………………………… Specimen number (referring organisation): ...……… Reporting organisation: …………………… Specimen number (reporting organisation): ………… Date of biopsy: ………………….……….   
Date of dispatch from referring organisation: ………………….. Date of receipt: ………………… Date of final report: …………..……. Pathologist:……………………………………………………

Clinical context and relevant clinical history:

Clinical photographs: ☐ Yes ☐ No

Immunosupression: ☐ Yes ☐ No

If yes state reason: ……………………………………………………

Previous diagnosis of lymphoma: ☐ Cutaneous ☐ Systemic ☐

If yes specify type: ……………………………………………………

Are previous biopsies available: ☐ Yes ☐ No

If yes, are they available for evaluation: ☐ Yes ☐ No

Site of lesion: ………………………………………………………..

Focality: Unifocal ☐ Multifocal ☐ Indeterminate ☐

**Indication for investigation**

Primary diagnosis ☐ Staging ☐ Re-staging ☐ Clinical trial ☐

**Specimen type**

Excision biopsy ☐ Incisional biopsy ☐ Punch biopsy ☐

Other biopsy (specify) …………………....

**Fresh tissue sampling**

Yes ☐ No ☐

Flow cytometry/ genetic/ molecular testing (specify) …………………....

**Specimen description**

**Number of specimens:**

Sites: ……………….………. Size (s) ……..x……..x….....mm, ……..x……..x….....mm

Macroscopic description ……………………………………………………….

**Provisional (referring) diagnosis**

**Tumour type**

WHO entity diagnosis:

ICD-O morphology code:

(If diagnosis is incomplete/ uncertain, provide reasons):

**Clinical context:**

Corroborated by clinical context ☐ Not corroborated by clinical context ☐ Not applicable ☐

**Microscopic description (morphology)**

…………………………………………………………..

Margin status (where applicable)

**Additional studies:**

Immunophenotype:

In-situ hybridisation for EBER: ………………………………….

Genotype and clonality (FISH, PCR for clonality, mutational analysis): ……………………………

Other investigations (specify): …………………………………..

**Final report interpretation and summary**

**ISCL/ EORTC Stage**

T…….... N…….... M…….... B……....

**SNOMED codes** T............................................................ M..........................................................

**Pathologist** ………………………………………………….. **Date**……/……/……