

TENNESSEE BREAST CANCER SCREENING TRANSMITTAL SHEET

Patient Information

Enrollment Site: _____ Enrollment Date: _____ Date Sent: _____

Name: _____ DOB: _____ SSN: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Race: White Black/AA Asian Native Hawaiian/Pacific Islander American Indian/Alaska Native Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Screening Information

High Risk for Breast Cancer? 1. Yes 2. No 9. Unknown/not assessed

Clinical Breast Exam Procedure Date (MMDDYYYY): _____

- Results: 1. Normal/benign findings – schedule for routine CBE in one year 2. Abnormality suspicious for cancer – diagnostic evaluation needed 5. Not performed

- CBE only – screening mammogram not due/not recommended/not scheduled CBE only – mam or other test recommended/scheduled but patient non-compliant at 6 months (i.e. lost to follow-up)

Reason for Mammogram:

- 1. Screening 2. Diagnostic 3. Non-program mammogram, referred in for diagnostic evaluation (provide referral date) 4. No mammogram 9. Unknown

Referral Date (MMDDYYYY): _____

Initial Mam Procedure Date (MMDDYYYY): _____

- Results: 01. Negative (BI-RADS 1) 02. Benign finding (BI-RADS 2) 03. Probably benign – initial short interval follow-up suggested (Bi-RADS 3) 04. Suspicious abnormality – biopsy should be considered (BI-RADS 4) 05. Highly suggestive of malignancy – appropriate action should be taken (BI-RADS 5) 07. Unsatisfactory – mammogram was technically unsatisfactory and could not be interpreted by radiologist (cycle complete) 10. Result pending 11. Result unknown, presumed abnormal, mammogram from non-program funded source 14. Need evaluation or film comparison (BI-RADS 0)

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**Screening
MRI**

**Procedure Date
(MMDDYYYY):**

Results:

1. Negative (Category 1)
 2. Benign finding (Category 2)
 3. Probably benign indicated (Category 3)
 4. Suspicious (Category 4)
 5. Highly suggestive of malignancy (Category 5)
 6. Known malignancy (Category 6)
 7. Incomplete – need additional imaging (Category 0)
 8. Results pending
 9. Not done
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Workup Plan

1. Yes – Additional procedures needed or planned
 2. No – Additional procedures not needed or planned
 3. Pending – Need or plan for additional procedures not yet determined
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Diagnosis Information

Procedure Dates (MMDDYYYY):

Additional mammogram: _____

Physician consult: _____

Repeat CBE: _____

Additional physician consult: _____

Ultrasound: _____

Stereotactic localization: _____

Repeat ultrasound: _____

MRI: _____

Biopsy: _____

Ductogram/galactogram: _____

Fine needle aspirate: _____

Diagnostic Disposition:

1. Workup completed
2. Workup pending
3. Lost to follow-up
4. Workup refused
9. Irreconcilable

**Diagnosis Date
(MMDDYYYY):**

Final Diagnosis :

2. Invasive breast cancer
 3. Breast cancer not diagnosed
 4. Lobular carcinoma in situ (stage 0)
 5. Ductal carcinoma in situ (stage 0)
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Treatment Information

Treatment Disposition:

1. Treatment started
2. Treatment pending
3. Lost to follow-up
4. Treatment refused
9. Treatment not needed

**Treatment Date
(MMDDYYYY):**
