

TENNESSEE BREAST CANCER SCREENING TRANSMITTAL SHEET

(Sheet No. 2 - Revised December 1, 2010)

Diagnostic Workup Information:			
Additional Mammogram:	Procedure Date: _____ (MM/DD/CCYY)	Result Date: _____ (MM/DD/CCYY)	Results: 01 Negative (BI-RADS 1) 02 Benign finding (BI-RADS 2) 03 Probably benign – short term follow-up (BI-RADS 3) 04 Suspicious abnormality – biopsy (BI-RADS 4) 05 Highly suggestive of malignancy (BI-RADS 5) 06 Assessment incomplete/need additional imaging (BI-RADS 0) 07 Unsat – technically unsat/repeat 10 Results pending 11 Results unknown/presumed abnormal/mam from other source 13 Film Comparison required (BI-RADS 0)
Ultrasound:	Procedure Date: _____ (MM/DD/CCYY)	Result Date: _____ (MM/DD/CCYY)	
Additional Ultrasound:	Procedure Date: _____ (MM/DD/CCYY)	Result Date: _____ (MM/DD/CCYY)	
Film Comparison: Y Yes N No			
Film Imaging Outcome:	Result Date: _____ (MM/DD/CCYY)	1. Negative (BI-RADS 1) 2. Benign Finding (BI-RADS 2) 3. Probably Benign – Short interval follow up indicated (BI-RADS 3) 4. Suspicious Abnormality – Biopsy should be considered (BI-RADS 4) 5. Highly Suggestive of Malignancy – Take Appropriate action (BI-RADS 5) 7. Unsatisfactory – This applies if the additional imaging results was technically Unsatisfactory and final assessment could not be made. 8. Additional imaging pending.	
Additional Procedures	Procedure Date:	Result Date:	Results:
Repeat Breast Exam	_____ (MM/DD/CCYY)	_____ (MM/DD/CCYY)	1 Normal 2 Benign/no follow-up required 3 Discrete palpable mass – suspicious 4 Discrete palpable mass – benign 5 Bloody or serous nipple discharge 6 Skin dimpling or retraction 7 Needed but not performed 8 Not needed/not done – other reason
Biopsy	_____ (MM/DD/CCYY)	_____ (MM/DD/CCYY)	
Fine Needle Aspiration	_____ (MM/DD/CCYY)	_____ (MM/DD/CCYY)	
Physician Consultation	_____ (MM/DD/CCYY)	_____ (MM/DD/CCYY)	
Additional Physician Consultation	_____ (MM/DD/CCYY)	_____ (MM/DD/CCYY)	
Other Procedure code: 007 Stereotactic Localization 008 MRI 009 Metastatic Workup			
Diagnosis Disp: 1. Workup Complete 2. Workup Pending 3. Lost To Follow Up 4. Workup Refused 9. Irreconcilable – no way to translate result to data record.		Diagnosis Date: _____ (MM/DD/CCYY)	Final Diagnosis : 2. Invasive Breast Cancer 3. Breast Ca not diagnosed 4. Lobular carcinoma in situ 5. Ductal carcinoma in situ
Treatment Disposition:	1 Treatment started 2 Treatment pending 3 Lost to follow-up (need date of l last contact) 4 Treatment refused 5 Treatment not needed	Treatment Date: _____ (MM/DD/CCYY)	