

## Patologi revision på center

Navn, CPR

CPR

Registreringsnummer

Efternavn \_\_\_\_\_

Fornavn(e) \_\_\_\_\_

Diagnose \_\_\_\_\_

Primær Patologisk Afdeling \_\_\_\_\_ Patologi-nr \_\_\_\_\_

**HISTOLOGI**

- |                                       |  |                               |                          |
|---------------------------------------|--|-------------------------------|--------------------------|
| 1: Planocellulært carcinom            | 12: Adenoid Cystisk Carcinom             | 17: Invasivt duktalt carcinom | <input type="checkbox"/> |
| 4: Malignt lymfom                     | 13: Acinic Celle Carcinom                | 18: Basalcelleadenocarcinom   |                          |
| 5: Adenocarcinom, NOS                 | 14: Oncocytært Carcinom                  | 9: Andet                      |                          |
| 10: Polymorft Low-grade Adenocarcinom | 15: Udifferentieret Carcinom             | 99: Uoplyst                   |                          |
| 11: Mucoepidermoidt carcinom          | 16: Carcinom udviklet i pleomorft adenom |                               |                          |
| 9: <b>Andet</b>                       |  |                               |                          |

**Histologisk gradering af Adenoid Cystisk Carcinom**

- |                                      |                   |            |                          |
|--------------------------------------|-------------------|------------|--------------------------|
| 1: Differentieret (tubulokribiformt) | 2: Solid (>= 30%) | 3: Uoplyst | <input type="checkbox"/> |
|--------------------------------------|-------------------|------------|--------------------------|

**Histologisk gradering (mucoepidermoidt carcinom, adenocarcinom, planocellulært carcinom)**

- |                        |                           |                          |
|------------------------|---------------------------|--------------------------|
| 1: Uoplyst             | 3: Moderat differentieret | <input type="checkbox"/> |
| 2: Lavt differentieret | 4: Højt differentieret    |                          |

**Perineural vækst**

- |       |        |            |                          |
|-------|--------|------------|--------------------------|
| 1: Ja | 2: Nej | 3: Uoplyst | <input type="checkbox"/> |
|-------|--------|------------|--------------------------|

**Karinvasion**

- |       |        |            |                          |
|-------|--------|------------|--------------------------|
| 1: Ja | 2: Nej | 3: Uoplyst | <input type="checkbox"/> |
|-------|--------|------------|--------------------------|

**Basis for definitiv diagnose**

- |             |           |               |                          |
|-------------|-----------|---------------|--------------------------|
| 1: Cytologi | 2: Biopsi | 3: Hele tumor | <input type="checkbox"/> |
|-------------|-----------|---------------|--------------------------|

**Bemærkninger** (max. 40 karakterer)

Dato: \_\_\_\_\_

Anmeldende patolog: \_\_\_\_\_