Surgery Form (Wide Local Excision)

**Trial number:** TT 04

**Patient Identifier:**

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**Date of surgery:**

- **Day:**
- **Month:**
- **Year:**

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**Type of surgery:**

- Quadrantectomy
- WLE (>= 1cm margin)
- WLE/Lumpectomy (<1cm margin)

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**Incision type:**

- 1 - Circumferential
- 2 - Transverse
- 3 - Circumareolar
- 4 - Radial

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**Localisation:**

- Yes
- No

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**Excision to pectorial fascia:**

- Yes
- No

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**Skin ellipse:**

- Yes
- No

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**Specimen X-ray:**

- Yes
- No

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**Duration of Surgery (skin - skin):**

- **Start time (24 h clock):**
  - **Hour:**
  - **Minute:**
- **Date of admission:**
  - **Day:**
  - **Month:**
  - **Year:**

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**Nodal sampling:**

- Sentinel only
- Sentinel + axilla
- Sampling
- Level I/II
- Level III

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**IORT given:**

- No
- Yes*
- Planned, but not given

* Please complete IORT Form

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**Clear margins achieved at WLE:**

- Yes
- No

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**On pathological review of WLE specimen were other risk factors for local recurrence present:**

- Yes**
- No

**Following WLE was additional surgery performed:**

- Yes**
- No

**Please complete Additional Procedure Form for each additional surgery**

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