

Trial number

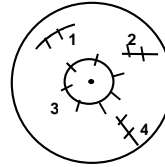
Patient Identifier

T T 0 4 S

Date of surgery / /

Type of surgery Quadrantectomy
 WLE (≥ 1 cm margin)
 WLE/Lumpectomy (< 1 cm margin)

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



	Yes	No
Localisation	<input type="checkbox"/>	<input type="checkbox"/>
Excision to pectorial fascia	<input type="checkbox"/>	<input type="checkbox"/>
Skin ellipse	<input type="checkbox"/>	<input type="checkbox"/>
Specimen X-ray	<input type="checkbox"/>	<input type="checkbox"/>

Nodal sampling Sentinel only
 Sentinel + axilla
 Sampling
 Level I/II
 Level III

Duration of Surgery (skin - skin)

Start time (24 h clock) :

Date of admission / /

Finish time (24 h clock) :

Date of discharge / /

IORT given No Yes* Planned, but not given

* Please complete IORT Form

Clear margins achieved at WLE Yes No

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