

Action Sheet for Fresh Tissue Collection:

Name:-----

Date /Month of last Menstrual Cycle-----

DOB:-----

Average Length of Menstrual Cycle-----

UFN -----,----,---

Menopause ? Yes or No (Please Tick)

UPN:----,----,-----

Contraceptive Use at present? Yes or No (Please Circle)
if not Contraceptive Use in last 3 months ? Yes or No (Please Circle)

Date of Blood Collection :

Date of Fresh Tissue Collection:

<u>Tissue Type</u>	<u>Removal Time</u>	<u>Time Sent To Pathology</u>	<u>Freeze time</u>	<u>Tissue Identification</u>
<u>Right Breast:</u>				<u>Normal:</u> <u>Tumour:</u>
<u>Right Breast</u> <u>Axillary nodes</u>				<u>Normal:</u> <u>Tumour:</u>
<u>Left Breast</u>				<u>Normal:</u> <u>Tumour:</u>
<u>Left Breast</u> <u>Axillary nodes</u>				<u>Normal:</u> <u>Tumour:</u>
<u>Right Ovary</u> <u>Fallopian Tube</u>				<u>Normal:</u> <u>Tumour:</u>
<u>Left Ovary:</u> <u>Fallopian Tube</u>				<u>Normal:</u> <u>Tumour:</u>
<u>Omentum:</u> <u>Other/Specify:</u>				<u>Normal:</u> <u>Tumour:</u> <u>Normal:</u> <u>Tumour:</u>