

Place Label Here

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

6666 Summary Table Information: Mammography Interpretation (IA)

Lesion Number	Lesion Location: Breast and quadrant(s)		Distance from nipple (cm)	Screening/ imaging Date (mm-dd-yyyy)	Lesion Features (of most recent exam) Mass, Asymmetry, Calcifications, Architectural Distortion	Morphology (e.g. circumscribed, pleomorphic, etc.)	Lesion dimensions Largest diameter X Largest perpendicular dimension	Change since prior exam? (stable/increase/decrease/gone)	Lesion specific Recommendation	
Ex	<i>MR1</i>	<i>Right</i>	<i>Upper Inner</i>	<i>4</i>	<i>04-19-04</i>	Mass, calcifications	<i>Microlobulated</i>	<i>10 X 5</i>	Stable	<i>Routine</i>
1								X		
2								X		
3								X		
4								X		
5								X		
6								X		
7								X		
8								X		
9								X		
10								X		
11								X		
12								X		
13								X		
14								X		
15								X		
16								X		
17								X		
18								X		
19								X		
20								X		