Breast Biopsy Outcomes

FORM 33

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Review Period: _____ **Responsible Physician:** _____

Track procedures, cancers, benign lesions, repeat biopsies, and complications; retain clinical and pathology records.

Date or Patient ID	Physician or Procedure	Pathology or Cancer or Benign Finding	Repeat Needed or Reason	Complication or Follow-Up	Audit Reference

Breast Biopsy Outcomes

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____