

Trial number

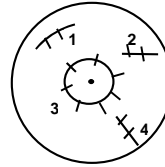
Patient Identifier

T T 0 4 S

Date of surgery  /  /

Type of surgery  Quadrantectomy  
 WLE ( $\geq$  1cm margin)  
 WLE/Lumpectomy (<1cm 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