MELANOMA – SLN PROFILE

Site: __________________

SLN #: ______

Count: _______

Blue: ___Yes ___NO

Diagnosis: ____Positive ____Negative ____Equivocal (includes suspicious for)

H&E: ____Positive ____Negative ____Equivocal

S-100: ____Positive ____Negative ____Equivocal ____N/A

Melan A: ____Positive ____Negative ____Equivocal ____N/A

HMB-45: ____Positive ____Negative ____Equivocal ____N/A

Tumor Burden: _____ (% surface area involved) *Comment: __________________

Location of Metastasis: ____Subcapsular sinus ____Parenchyma ____Germinal Ctr

Extracapsular extension: ____Present ____Absent ____Equivocal

Benign nodal nevus: ____Present ____Absent ____Equivocal

Comment: If <1% of node is positive, comment on distribution of metastasis (i.e. rare single cells, minute focus, rare small aggregates, etc).

PDS template: MSLN