# Appendix C Transperineal clinical request form

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| **Clinical information** | Name: |   |
| PSA: |   | D.O.B |   |
| DRE: |   | Hospital number |   |
| Clinical stage: |   |
| Volume: |   |
| MRI findings: PIRADS LIKERT |
| Other details: |
| Operator performing biopsy: *PRINT NAME* |
|  SPECIMEN TYPE – TRANSPERINEAL PROSTATE BIOPSY  |
|   |   | Location | Number of cores taken |   |   |
| 1 | A | Right anterior  |   |  |
| 2 | B | Right mid |   |
| 3 | C | Right posterior |   |
| 4 | D | Left anterior  |   |
| 5 | E | Left mid |   |
| 6 | F | Left posterior  |   |
| 7 | I | TargetedSite (Please specify): |   |
| 8  | J |  |   |   |  |