# 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 | Targeted  Site (Please specify): | |  | |
| 8 | J |  | |  | |  | |  |