

BLADDER BIOPSY RESULT CLINIC

Name:	-----
Hospital No:	-----
DOB:	-----

Date: -----

Age:

Performance status: 0/1/2/3/ unknown

Histology: Grade : G1/ G2 low grade/ G2 high grade/ G3

Stage: CIS/ Ta / T1 / T2

Muscle present in specimen (yes / No)

US: normal /abnormal/ result not available /requested

CT urogram: normal /abnormal/ result not available /requested

CT chest: normal /abnormal/ result not available /requested

MRI: result not available/requested/ not required

Radiological staging: T () / N ()/ M ()

Bladder cancer information booklet given: Yes/ No

Holistic need assessment done: Yes/ No

Clinical trials participation: Yes/ No/ None available

Copy of letter: requested/ declined

MDT outcome: requested/ declined

Name of key worker identified Yes/ No (Key worker=)

Provisional treatment discussed: Cystoscopy - (GA/LA) /
intravesical chemotherapy / BCG / Oncology referral / Consultant referral

Treatment specific information booklet given ()

MDT date

OPA date

Cystoscopy date: (TCI form done)