Easy to understand reports facilitate treatment options.



TOPA Diagnostics

351 East Rolling Oaks Drive, Suite 100 Thousand Oaks, CA 91361 805-373-8582 CLIA Number 05D1022855

Directors

Wayne M. Schultheis, M.D. Edward I. Blackman, M.D. Regina Singson, M.D. Jianming J. Yin, M.D. Danielle E. Westfall. M.D.

Our reports use standardized formatting and terminology with color images that make them easy to comprehend and foster patient-physician communication.

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PATH #: TP00-00013

DGNOSTIC/THERAPEUTIC ANALYSIS

>90% nuclear staining

	99% positive nuclei	Strong				
	95% positive nuclei	Strong				
ION	RESULTS					
	<1% of invasive tumor cells exhibit complete membrane staining					
	Uniformity of staining: Absent					
	Homogeneous, dark circumferential pattern: Absent					
	Her-2:Cep 17 ratio: 1.3					
	Average Her-2 copy number: 3.4 signals/cell					
	>90% nuclear staining					

TON | % NUCLEAR STAINING | INTENSITY OF STAINING

ned at NeoGenomics Laboratories. See separate report for technical details.

scoring criteria. For estrogen and progesterone receptors a positive result is ative (3+) result is defined by circumferential, complete, intense membrane (2+) result is defined by circumferential, complete, intense membrane staining incomplete and/or weak/moderate membrane staining in >10% of tumor cells, uplete faint membrane staining in > 10% of tumor cells and a negative (0) result mbrane staining in < or = 10% of tumor cells. For P53, a positive result is high proliferative index is defined by > or = 10% nuclear staining.

view detection system. tiview detection system u (4B5) (FDA approved) roved) ptiview detection system Optiview detection system.

, ER, PgR, p53, and Ki-67 were developed and the performance characteristics tes Laboratory. These tests have not been cleared or approved by the

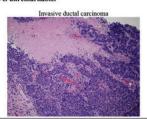
ADDENDUM SURGICAL PATHOLOGY REPORT

PATIENT:	PATIENT	, YOU	PATH #:	TP00-0001			
D.O.B.	01/01/1946	AGE:	68 yrs	SEX:	F	DATE COLLECTED:	07/16/2014
PHYSICIAN:	Code Doctor, M.D.					DATE RECEIVED:	07/16/2014
COPY TO:						DATE REPORTED:	07/16/2014
LOCATION	Dhysisian Of	Yi.a.					

DIAGNOSIS:

LEFT BREAST, CORE BIOPSY:

- -Invasive ductal carcino
- -Tumor grade: Poorly differentiated Nottingham/MBR grade 3/3; score 9/9 (tubules score 3, nuclei score 3,
- mitotic figures score 3)
- -Tumor involves 5 out of 5 tissue cores/fragments
- -Tumor size in this sample: up to 9 mm -Tumor volume is approximately 60% of represented tissue -Negative for lymphatic/vascular invasion
- -Breast profile studies will be performed; addendum report to follow -Negative for carcinoma in situ. -Non-neoplastic breast tissue is unremarkable.



CLINICAL HISTORY: 611.72; left breast 10:00 suspicious mass (CA).

ANATOMIC SITE AND PROCEDURE:

Left breast, core biopsy

GROSS DESCRIPTION:

The specimen is labeled Patient, Your - Lt. 10:00. Received in formalin are five tan soft tissue cores ranging from 0.4 to 1.2 cm in length and averaging 0.3 cm in diameter. TE-1. CM:sg. The specimen was excised and immediately placed in 10% neutral buffered formalin at 0945 on July 10. Total formalin fixation time 11 hours 50 minutes.

Pathologist: Regina P.C. Singson, M.D. Electronically Signed

Arch Pathol Lab Med. doi: 10.5858/arpa. 2013-0953-SA J Clin Oncology 2013; 31 (31): 3997-4013 Arch Pathol Lab Med 2010; 134:E1-E16 Arch Pathol Lab Med 2007: 131: 18-43 Am J Clin Pathol 1995; 104: 42-49



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