

**MULTIDISCIPLINARY TUMOR BOARD CASE REVIEW**

**TUMOR BOARD NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>NO.</b>	<b>CASE ACCESSION</b>	<b>ORIGINAL PATHOLOGIST INITIALS</b>	<b>SCORE 0</b>	<b>SCORE 1</b>	<b>SCORE 2</b>	<b>SCORE 3</b>	<b>ADDITIONAL COMMENTS</b>

<p><b>0 = No Discrepancy</b> <b>1 = Minor disagreement that does not change the diagnosis or affect patient care.</b> <b>2 = Disagreements in diagnosis with minimum effect in patient care.</b> <b>3 = Major discrepancies that affects treatment of patient and may require a revised report.</b></p>
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**Conference Presenter** \_\_\_\_\_