



Patient ID:
 Date:
 Center:
 Radiologist/Surgeon:
 Pathology center:

Device serial Number:

Probe lot Number:

Operator:

Surgical History: Yes ☐ No ☐

Chemotherapy History: Yes ☐ No ☐

Test Number	Breast		dock	Birads	Z parameters		BIRADx Diagnosis		Bleed	
	Left	Right			Z1kHz	IPS	High risk	Low risk	Yes	No
1	☐	☐		3 ☐ 4a ☐ 4b ☐ 4c ☐ 5 ☐			☐	☐	☐	☐
2	☐	☐		3 ☐ 4a ☐ 4b ☐ 4c ☐ 5 ☐			☐	☐	☐	☐
3	☐	☐		3 ☐ 4a ☐ 4b ☐ 4c ☐ 5 ☐			☐	☐	☐	☐
4	☐	☐		3 ☐ 4a ☐ 4b ☐ 4c ☐ 5 ☐			☐	☐	☐	☐
5	☐	☐		3 ☐ 4a ☐ 4b ☐ 4c ☐ 5 ☐			☐	☐	☐	☐
6	☐	☐		3 ☐ 4a ☐ 4b ☐ 4c ☐ 5 ☐			☐	☐	☐	☐
7	☐	☐		3 ☐ 4a ☐ 4b ☐ 4c ☐ 5 ☐			☐	☐	☐	☐
8	☐	☐		3 ☐ 4a ☐ 4b ☐ 4c ☐ 5 ☐			☐	☐	☐	☐

Other Notes by Specialist: