Michigan Medicine Laboratories
1500 East Medical Center Drive
Ann Arbor, MI 48109
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ANATOMIC PATHOLOGY CONSULTATION REPORT

Order Number:	**OC-20-8144**	**Referred by:**
First Name:	JENNY	DR. BAKER
Last Name:	SMITH	GENERAL HOSPITAL
MRN:	123456789	123 MAIN ST.
Gender:	Female **Age:** 14 Y **DOB:** 11/1/2005	ANYWHERE, MI 48001
Date Received:	04/08/2020	
Date Completed:	04/09/2020	

DIAGNOSIS:

Bone tumor, left proximal tibia, biopsy (MS20-9383; 4/6/2020): Nonossifying fibroma

Dear Dr. Baker,

I have reviewed the materials on the above named 14-year-old girl who underwent biopsy of a left tibial lesion. MRI indicates there is a 8 mm cortically based lucent lesion within the metadiaphysis of the tibia. Radiographs describe a the lesion as measuring slightly over a centimeter with a sclerotic border. Sections show bland spindled fibroblastic/fibrohistiocytic cells arranged in a storiform pattern with scattered osteoclast-type giant cells. There is no atypia or significant mitotic activity. I believe the histology combined with the imaging features are diagnostic of a nonossifying fibroma (also sometimes referred to as fibrous cortical defect).

Thank you for allowing us to participate in the care of this patient. I hope you find the above comments helpful.

Sincerely,

David R. Lucas, M.D.

House Officer(s):

Shula Schechter, M.D.

Materials Received:

A **Outside Case Number:** **MS20-9383**

Materials Received:

Number of prepared slides: 2
Number of unstained slides: 0
Number of blocks: 1 block 1A

CPT Codes:

Specimen	CPT Code	Number of Charges
A	88325	1

Laboratory Accrediting Agency Compliance Statement:
If immunostain testing was performed on this case, the testing was developed and the performance characteristics were determined by the University of Michigan Clinical Immunoperoxidase Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. (The FDA has determined that such clearance is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research.) Appropriate negative and positive controls were run and demonstrated expected results. Most antibodies (including ER, PR, and HER2/neu) were not validated on decalcified tissues; negative staining on decalcified specimens should therefore be viewed with discretion, as a falsely negative result cannot be excluded. The Coreo ACIS instrument (if used for any test on this case) is FDA approved.

Performing site:

NCRC — NCRC Department of Pathology and Clinical Laboratories
2800 Plymouth Rd., Building 35
Ann Arbor, MI 48109

CLIA Director: Riccardo Valdez, MD
CLIA Number: 23D1088637