Date: ______________________________

In case of multiple lesions to be removed in separate specimens:

Breast lesion (group): ☐ 1 (a)  ☐ 2 (b)

DIAGNOSTICIAN SATISFACTION QUESTIONNAIRE

Important: The Questionnaire should be completed directly after the procedure.

How easy was the marking / localization procedure, on a scale from 0 to 10?

0 = unable to mark  10 = very easy

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

How satisfied are you with the marking / localization method used in this patient, on a scale from 0 to 10?

0 = very dissatisfied  10 = very satisfied

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Are there any improvements you would like to see in this localization device/method?

_______________________________________________________________________

_______________________________________________________________________

Please transfer the above answers to the eCRF online:

CRF 4 (marker) or CRF 5 (wire)