**Patient name**: ..…………………………………………………….………

**Patien ID**: ..…………………………………………………….………

**Type of IPMN**: Main duct / Branch duct / Mixed type

**Subtype based on mucin profile**: Intestinal / Gastric / Pancreatobiliary / Oncocytic

**Grade**:

* Invasive
	+ Subtypes: Colloid / Tubular
* High
* Low/intermediate

**MUC1**: yes / no

**MUC2**: yes / no

**MUC5**: yes / no

**MUC6**: yes / no

**CDX2**: yes / no

**CK20**: yes / no

**KRAS:** positive / negative

**GNAS:** positive / negative

**P53:** positive / negative

**P16:** positive / negative

**Other cytogenetics:**………………………………………………………………………………

…………………………………………………………………………………………………….

**Other immunhistochemistry:**…………………………………………………………………...

…………………………………………………………………………………………………….