

MELODY

Patient-ID: _ _ - _ _ - _ _

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)**