

# Primary Cutaneous Melanoma Histopathology Request Information



Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.01**).

## **S1.01 Identification**

Family name

Given name(s)

Date of birth

Date of request

Sex

- Male  
 Female  
 Intersex/indeterminate

Ethnicity

- Unknown  
 Aboriginal/Torres Strait Islander  
 Other ethnicity:

**G1.01 Patient identifiers**

e.g. MRN, IHI or NHI (please indicate which)

**Requesting doctor - name and contact details**

**G1.03 Anatomical site of the melanoma**

**G1.04 Laterality**

Left  Right  Midline

**G1.05 Clinical or differential diagnosis**

**G1.06 Specimen type**

- Excision  Curette   
Punch  Shave   
Incision  Re-excision  Complete  **G1.07**  
Other

**G1.07 If re-excision, provide details (eg name of previous laboratory, lab number and findings):**

**G1.08 History & timing of lesional trauma, biopsy, irritation or treatment with topical agent**

**G1.09 Past history of melanoma?**

No

Yes  Details eg site, size, timing, treatment

**G1.10 Evidence of metastatic disease?**

No

Yes  Describe:

**G1.11 Serum LDH**

**G1.12 Other relevant history**

**G1.13 Specimen orientation**

**G1.14 Any clinically or dermatoscopically identified suspicious areas?**

No

Yes  Describe:

**G1.15 Relevant diagnostic imaging results**

**G1.16 Other comments or diagrams**