



Oral Cancer 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

S1.03 Principal clinician

S1.04 Anatomical site

S1.05 Laterality of the lesion

Left Right

S1.06 Clinical history

G1.03 Human papilloma virus (HPV) status

G1.04 Clinical diagnosis or differential diagnosis

S1.07 New primary cancer or recurrence

- New primary cancer
- Recurrence Distant
- Regional

S1.08 Pre-operative or prior radiotherapy

None administered Yes

S1.09 Type of operation (tick all that apply)

- incisional biopsy
- excisional biopsy
- hemi-glossectomy
- partial glossectomy
- hemi-mandibulectomy
- segmental mandibulectomy
- partial / hemi-maxillectomy
- total maxillectomy
- wedge resection of lip
- neck dissection
 - selective
 - modified radical
 - radical
 - extended radical

Nodal levels included (tick all that apply)

- submental (IA) submandibular (IB)
- upper jugular (IIA) upper jugular (IIB)
- middle jugular (III) lower jugular (IV)
- posterior triangle (VA) posterior triangle (VB)

S1.10 Involvement of adjacent structures

S1.11 Distant metastases

No Yes Specify details

