

Testicular Tumours 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

G1.02 Clinical history

G1.03 Clinical extent of disease

G1.04 Serum tumour markers

LDH IU/L

AFP ug/L

b-hCG IU/L

G1.05 Details of any previous therapy eg adjuvant therapy

S1.04 Surgical procedure

- Partial orchidectomy
Radical orchidectomy

S1.05 Laterality

- Left
Right

S1.06 New primary cancer or recurrence

- New primary cancer
Recurrence Distant
Regional