

# Gastric 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 Surgeon/proceduralist name** (if different from above) **and contact details**

  

### **S1.05 Tumour site (location)**

- Proximal 1/3   
Middle 1/3   
Distal 1/3

### **S1.06 Type of operation**

- Oesophago-gastrectomy   
Total gastrectomy   
Subtotal gastrectomy (proximal)   
Subtotal gastrectomy (distal)   
Other (specify):

### **S1.07 Preoperative therapy**

- Nil   
Preoperative chemotherapy   
Preoperative radiotherapy   
Preoperative chemoradiotherapy

### **S1.08 Involvement of adjacent organs**

- Absent   
Present   Pancreas   
Spleen   
Liver

Other (specify)

### **S1.09 Distant metastases**

- Absent   
Present  Specify sites

  
  

### **S1.10 Surgeon's opinion - residual tumour**

  

**G1.02 Other comments**