

# Renal Parenchymal Malignancy 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 Relevant past medical history**

  
  

**G1.03 Details of any predisposing factors (including genetic status)**

  
  

**G1.04 Details of any neo-adjuvant therapy**

  
  

**G1.05 Details of any relevant family history**

  
  

**G1.06 Details regarding extent of disease**

  
  

**G1.07 Details of previous biopsy/surgical specimens**

  
  

**S1.04 Laterality** Left  Right

**G1.08 Clinical or differential diagnosis**

  
  

**S1.05 Nature of operation**

- Radical nephrectomy   
Simple nephrectomy   
Partial nephrectomy   
Laparoscopic removal   
Morcellated

**G1.09 Operative findings**

  
  

**G1.10 Surgical intent**

- Curative  Palliative

**S1.06 Tissue removed for research or other purposes**

- No  Yes  Details of tissue removed