

Primary Cutaneous Melanoma Histopathology Request Information



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:

Patient identifiers

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

Requesting doctor - name and contact details

Copy to doctor name and contact details

Tumour site

Not provided Specify

Specimen laterality

Left Right Midline

Clinical or differential diagnosis

Specimen type

- Excision Curette
Punch Shave
Incision Re-excision complete details below
Other

If re-excision:

Previous laboratory

Previous lab accession number

Findings in previous biopsy

History & timing of lesional trauma, biopsy, irritation or treatment with topical agent

Past history of melanoma?

- No
Yes Details eg site, thickness, timing, treatment

Evidence of metastatic disease?

- No
Yes Describe:

Serum lactate dehydrogenase

Other relevant history

Specimen orientation

Any clinically or dermatoscopically identified suspicious areas?

No

Yes Describe:

Clinical or other relevant diagnostic imaging results

New primary melanoma or recurrence

New primary

Recurrence – local

Recurrence – intransit metastasis
(between primary site and regional node field)

Recurrence – regional

Recurrence – distant

Principal clinician caring for the patient

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Other clinical information
