

# Colorectal Cancer Histopathology Request Information



Family name

Given name(s)

Date of birth

Date of request

Accession/Laboratory number

Patient identifiers

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

Requesting doctor - name and contact details

Copy to doctor  
name and contact details

## CLINICAL INFORMATION

OR

Information not provided

OR Known polyposis syndrome

Familial adenomatous polyposis (FAP)

*MUTYH*-associated polyposis (MAP)

Serrated polyposis

Other, *specify*

Chronic inflammatory bowel disease

Ulcerative colitis

Crohn disease

Lynch syndrome

Previous polyp(s)

Previous colorectal cancer

Other

## NEOADJUVANT THERAPY

Information not provided

Not administered

Administered, *specify*

## PRINCIPAL CLINICIAN

## COMMENTS

## OPERATIVE PROCEDURE (select all that apply)

Not specified

OR

Total colectomy

Proctocolectomy

Right hemicolectomy

Extended right hemicolectomy

Transverse colectomy

Left hemicolectomy

Anterior resection, *specify if possible*

High

Low/ultralow

Abdominoperineal resection

Other, *specify*