

# Colorectal Cancer Histopathology Request Information



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

**Operating surgeon name** (if different from above) &  
**contact details**

**Perforation**

Absent  Present

**Nature of perforation:**

- Through tumour prior to surgery   
Through tumour during surgery   
mobilisation  
Away from tumour

**Clinical obstruction:**

Absent  Present

**Tumour location**

- Caecum  Splenic flexure   
Ascending colon  Descending colon   
Hepatic flexure  Sigmoid colon   
Transverse colon  Rectosigmoid junction   
Rectum

**For synchronous tumours indicate  
each other site:**

**Distance from the anal verge** (rectal tumours only)

Note any other relevant information overleaf

**Type of operation**

- Right hemicolectomy   
Extended right hemicolectomy   
Transverse colectomy   
Left hemicolectomy   
Anterior resection   
High  Low  Ultralow   
Abdominoperineal resection   
Proctocolectomy   
Total colectomy + ileorectal anastomosis   
Hartmann's procedure   
Other procedure(s):

**Pre-operative radiotherapy**

No  Yes  Short course   
Long course

**Existence of local residual cancer postsurgery**

**Involvement of adjacent organs**

**New primary cancer or recurrence**

New primary  Regional (local) recurrence   
Distant metastases  Details: