

# CARCINOMAS OF THE NASAL CAVITY AND PARANASAL SINUSES Histopathology Request Information



Family name

Given name(s)

Date of birth

Date of request

Indigenous Status

- Aboriginal but not Torres Strait Islander origin  
 Torres Strait Islander but not Aboriginal origin  
 Both Aboriginal and Torres Strait Islander origin  
 Neither Aboriginal nor Torres Strait Islander origin  
 Not stated/inadequately described

Patient identifiers

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

Requesting doctor - name and contact details

Copy to doctor  
name and contact details

## NEOADJUVANT THERAPY

- Not administered  
 Administered, *specify type*  
 Chemotherapy  
 Radiotherapy  
 Targeted therapy, *specify if available*

Immunotherapy, *specify if available*

## OPERATIVE PROCEDURE (select all that apply)

- Biopsy, *specify*
- Resection, *specify*  
 Endoscopic nasal procedure, *specify*
- Partial maxillectomy  
 Radical maxillectomy  
 Orbito-maxillary resection  
 Craniofacial resection  
 Open  Endoscopic
- Other, *specify*
- Neck (lymph node) dissection\*, *specify*
- Other, *specify*

\* If a *neck dissection* is submitted, then a separate dataset is used to record the information.

## SPECIMENS SUBMITTED (select all that apply)

- Nasal cavity  
 Septum  Lateral wall  
 Floor  Vestibule
- Paranasal sinus(es), maxillary  
 Paranasal sinus(es), ethmoid  
 Paranasal sinus(es), frontal  
 Paranasal sinus(es), sphenoid  
 Other, *specify*

## ANATOMICAL SITE OF LESION

## LATERALITY OF THE LESION

- Left  Right

## CLINICAL HISTORY

  
  

## HUMAN PAPILLOMA VIRUS (HPV) STATUS

  

## CLINICAL DIAGNOSIS OR DIFFERENTIAL

**NEW PRIMARY LESION OR RECURRENCE**

- New primary
- Recurrence - regional, *describe*

- Recurrence - distant, *describe*

**PRINCIPAL CLINICIAN**

**ADDITIONAL COMMENTS**
