

# CARCINOMAS OF THE NASOPHARYNX AND OROPHARYNX

## 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  
 Chemoradiotherapy  
 Targeted therapy, *specify if available*  
  
 Immunotherapy, *specify if available*

### OPERATIVE PROCEDURE (select all that apply)

- Resection, *specify*  
 Transoral laser microsurgical resection  
 Transoral robotic surgical resection  
 Other, *specify*  
  
 Biopsy (excisional, incisional), *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)

- Oropharynx  
 Palatine tonsil  
 Base of tongue/lingual tonsil  
 Soft palate  
 Uvula  
 Pharyngeal wall (posterior)  
 Pharyngeal wall (lateral)  
 Other, *specify*  
  
 Nasopharynx, *specify if necessary*  
  
 Other, *specify*

### ANATOMICAL SITE OF LESION

### LATERALITY OF THE LESION

- Left       Right

### CLINICAL HISTORY


### HUMAN PAPILLOMA VIRUS (HPV) STATUS

**CLINICAL DIAGNOSIS OR DIFFERENTIAL**


**PRINCIPAL CLINICIAN**

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**NEW PRIMARY LESION OR RECURRENCE**

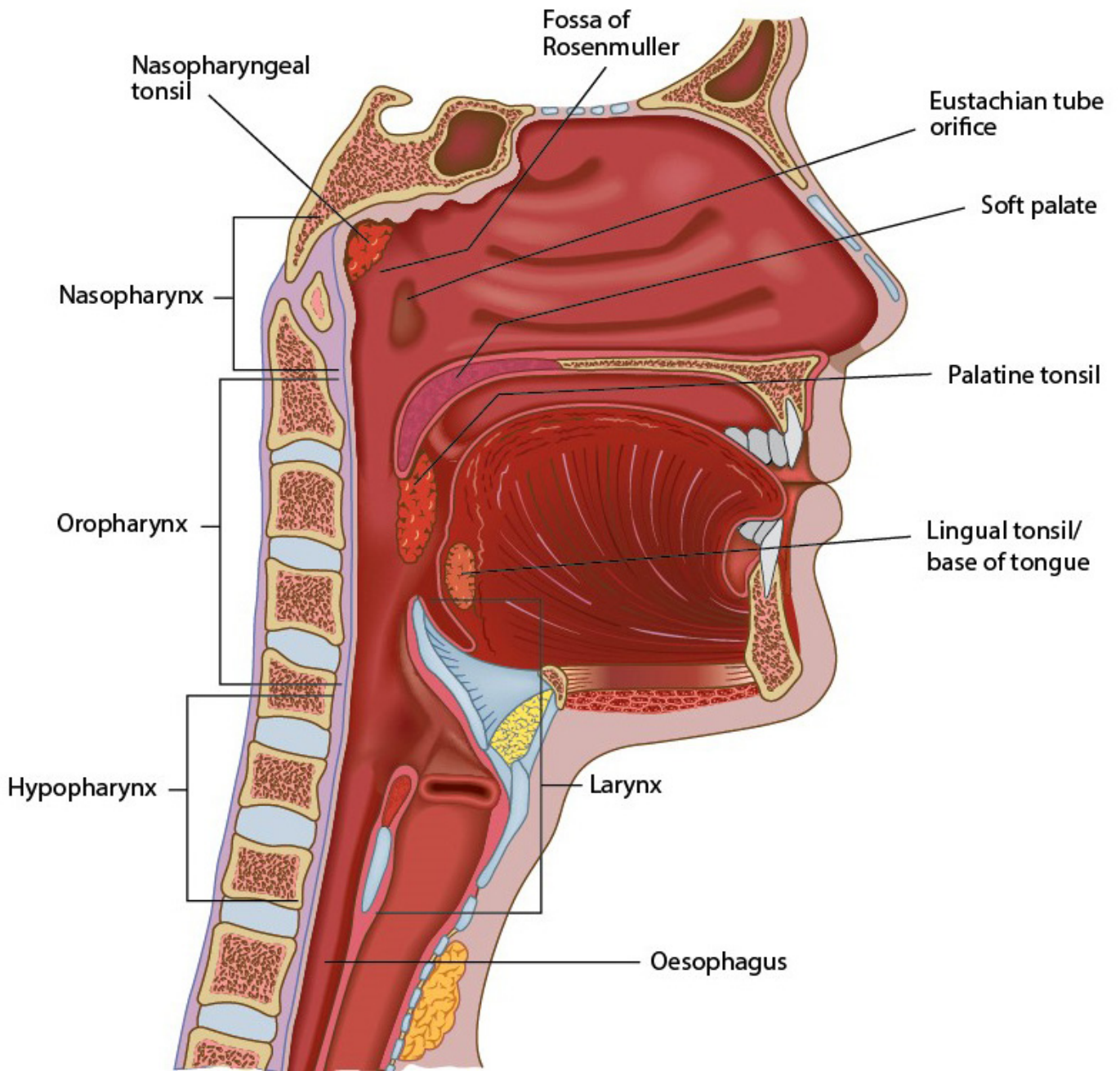
- New primary
- Recurrence - regional, *describe*

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- Recurrence - distant, *describe*

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**ADDITIONAL COMMENTS**

Normal anatomy of the pharynx. Copyright ICCR – reproduced with permission.