

# Endometrium Cancer Histopathology Request Information



Family name

Given name(s)

Ethnicity

- Unknown/inadequately described  
 Aboriginal/Torres Strait Islander (AU)  
 Māori (NZ)  
 Other ethnicity:

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

## SPECIMEN TYPE

## CLINICAL DIAGNOSIS/ DIFFERENTIAL DIAGNOSES

## DETAILS OF PREVIOUS BIOPSIES & CYTOLOGY RESULTS (INCLUDE TESTING LABORATORY)

## DETAILS OF ANY PREVIOUS OR CURRENT TREATMENT OF THE PRESENT TUMOUR

## DETAILS OF ANY OTHER PRIOR CANCER DIAGNOSIS

## DETAILS OF ANY FAMILY HISTORY OF CANCER

## EVIDENCE OF METASTATIC DISEASE

Absent (on both clinical & operative grounds)

Present

Pre-operative, *specify*

Intra-operative, *specify*

## POST-OPERATIVE RESIDUAL TUMOUR

Absent

Present, *specify*

## SURGEON'S SPECIFIC REMARKS

## PRINCIPAL CLINICIAN

## OTHER COMMENTS