

Bladder Cancer Histopathology Request Information (Radical and Partial Cystectomy, Cystoprostatectomy)



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

CLINICAL INFORMATION

Previous history of urinary tract disease or distant metastasis

- Non-invasive papillary No previous history
- Carcinoma in situ, flat
- Invasion into lamina propria
- Muscle invasive disease
- Distant metastasis
- Other, *specify*

Previous therapy

- Radiation therapy No previous therapy
- Chemotherapy, systemic
- Bacillus Calmette-Guerin (BCG)
- Chemotherapy, intravesical, *specify*

Other, *specify*

Other clinical information

CLINICAL EXTENT OF DISEASE

OPERATIVE PROCEDURE

- Cystectomy, partial
- Cystectomy, simple
- Cystectomy, radical (female)
- Cystoprostatectomy (male)
- Diverticulectomy
- Anterior exenteration (female)
- Urethrectomy
- Lymphadenectomy
- Other, *specify*

ADDITIONAL SPECIMEN(S) SUBMITTED

- Prostate gland Not submitted
- Cystectomy, simple
- Seminal vesicles
- Penile urethra
- Uterus
- Fallopian tubes
 - Left Right
- Ovaries
 - Left Right
- Vaginal cuff
- Ureter
 - Left Right
- Other, *specify*

PRINCIPAL CLINICIAN

OTHER COMMENTS