

EAR AND TEMPORAL BONE TUMOURS 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

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

OPERATIVE PROCEDURE (select all that apply)

- Biopsy
- Incisional
 - Excisional
 - Diagnostic sampling
- Resection, *specify*
-
- Temporal bone resection
 - Sleeve resection
 - Lateral temporal bone resection
 - Radical external auditory canal resection
 - Subtotal temporal bone resection
- Parotidectomy
- Neck (lymph node) dissection*, *specify*
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- Other, *specify*
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* If a *neck dissection* is submitted, then a separate dataset is used to record the information.

BIOPSY DIAGNOSIS, IF ANY

PRINCIPAL CLINICIAN

COMMENTS