

Vulva Cancer Histopathology Request Information



Family name

Date of birth

Given name(s)

Date of request

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 diagnosis

New primary, recurrence, precancer (VIN) or other previous cancer

- New primary cancer
- Precancer (VIN)
- Local recurrence (vulva)
- Regional recurrence (groin)
- Distant metastasis
- Other previous cancer diagnosis

Details

Method of treatment

Operative specimen

- Local resection Describe below
- Total radical vulvectomy
- Part of vulva, radically resected Type:
- Not stated
- Right
- Left
- Anterior
- Posterior
- Other

Lymph nodes

None submitted

OR

Select all that apply:

- Right inguinal
- Left inguinal
- Right femoral
- Left femoral
- Right pelvic
- Left pelvic
- Right sentinel
- Left Sentinel

Accompanying specimens

Specimen site (diagram overleaf)

Number of tumours

Surgical orientation markers

Principal clinician

Other clinical information

Mark site(s) on the diagram

