

# Parathyroid Carcinoma & Atypical Parathyroid Neoplasm 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

## CLINICAL INFORMATION

OR

Information not provided\*

OR

Hyperparathyroidism

- Primary  
 Secondary  
 Tertiary

Previous parathyroid surgery

Relevant familial history

Presence of clinical syndrome

## PRINCIPAL CLINICIAN

## COMMENTS

*\*Note: This option should only be used after all efforts to obtain this information, including multidisciplinary team meeting discussion, have been exhausted.*

## PRE-OPERATIVE BIOCHEMICAL INFORMATION

Information not provided\*

OR

Calcium

Parathyroid hormone (PTH)

Other

## OPERATIVE PROCEDURE (select all that apply)

Not specified

OR

- Parathyroidectomy, single gland  
 Parathyroidectomy, en bloc with thyroid lobe  
 Other parathyroid gland sampling  
 Unilateral  
 Bilateral  
 Lymph node sampling, *specify*

Soft tissue of neck, *specify*

Other, *specify*