MUCOSAL MELANOMAS OF THE HEAD AND NECK
Histopathology Request Information

Family name

Given name(s)

Date of birth

Date of request

Patient identifiers
e.g. MRN, IHI or NHI (please indicate which)

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

Requesting doctor - name and contact details

Copy to doctor
name and contact details

OPERATIVE PROCEDURE

- Biopsy (excisional, incisional), specify
- Resection, specify (e.g. maxillectomy, hemiglossectomy, partial laryngectomy, etc.)
- Neck (lymph node) dissection*, specify
- Other, specify

* If a neck dissection is submitted, then a separate dataset is used to record the information.

PRINCIPAL CLINICIAN

OTHER COMMENTS

Version 1.0 Request Information from MUCOSAL MELANOMAS OF THE HEAD AND NECK Structured Reporting Protocol 1st Edition