

# Prostate Cancer (CORE/NEEDLE BIOPSY) 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

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 prostate cancer  
(including the Gleason grade and score of  
previous specimens if known)

Previous biopsy (specify date and where  
performed)

Previous therapy (specify)

Other (specify)

## PRE-BIOPSY SERUM PSA

## CLINICAL STAGE

## PRINCIPAL CLINICIAN

## OTHER COMMENTS

Record specimens submitted overleaf.

