Carcinomas of the Larynx, Hypopharynx and Trachea
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

OPERATIVE PROCEDURE (select all that apply)

- Biopsy, specify

- Resection, specify

- Neck (lymph node) dissection*, specify

- Other, specify

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

NEOADJUVANT THERAPY

- Information not provided
- Not administered
- Administered, specify type
  - Chemotherapy
  - Radiotherapy
  - Targeted therapy, specify if available
  - Immunotherapy, specify if available

COMMENTS