

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

NEOADJUVANT THERAPY

- Information not provided
 Not administered
 Administered, *specify type*

- Chemotherapy
 Radiotherapy
 Targeted therapy, *specify if available*

- Immunotherapy, *specify if available*

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.

COMMENTS