

THYROID CANCER

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

Previous history of thyroid tumour or related
abnormality

Relevant biopsy / cytology results

Imaging findings

Previous surgery / therapy

Relevant familial history

Presence of clinical syndrome

OPERATIVE PROCEDURE (select all that apply)

- Not specified
OR
- Total thyroidectomy
 Near total thyroidectomy
 Hemithyroidectomy
 Lobectomy
 Isthmusectomy
 Partial excision,* *specify type of if possible*

- Lymph node dissection
 Other, *specify*

* Anything less than a lobectomy excluding
isthmusectomy, including substernal excision.

PRINCIPAL CLINICIAN

COMMENTS