

Invasive Breast Cancer Histopathology Request Information



Family name

Given name(s)

Date of birth

Date of request

Sex

- Male
 Female
 Intersex/indeterminate

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander
 Other ethnicity:

Patient identifiers

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

Requesting doctor - name and contact details

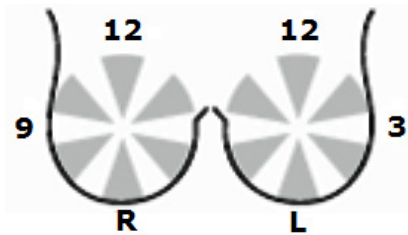
Copy to doctor name and contact details

Tests Requested

Specimen type (select all that apply)

- diagnostic open biopsy
wide local excision (partial mastectomy, quadrantectomy or segmentectomy)
re-excision
mastectomy
mastectomy post neoadjuvant therapy
lymph node biopsy - non-sentinel
axillary sample
axillary clearance
lymph node biopsy - sentinel

Tumour site and laterality



Method of localisation

- Carbon track
Hook wire

New primary cancer or recurrence

- New primary
Regional (local) recurrence
Distant metastases

Sentinel nodes

Location:

Number: Colour:

Radioactive count:

Location:

Number: Colour:

Radioactive count:

Principal clinician

Record other relevant information below/overleaf

(eg imaging, neoadjuvant therapy; laboratory results, history and clinical information etc.)