

Prostate (Radical Prostatectomy) Cancer 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

Other

PRE-BIOPSY SERUM PSA

NEW PRIMARY LESION OR RECURRENCE (if previous focal therapy)

- New primary
- Recurrence - regional, *describe*
- Recurrence - distant, *describe*

PRINCIPAL CLINICIAN

OTHER COMMENTS