

NODAL EXCISIONS AND NECK DISSECTION, PAROTID GLAND BASIN SPECIMENS FOR HEAD & NECK TUMOURS

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

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

OPERATIVE PROCEDURE

OR (select all that apply)

- Level I
 Level II
 Level III
 Level IV
 Level V
 Level VI
 Level VII
 Levels I-IV
 Levels I-V
 Other, *specify*

NEW PRIMARY LESION OR RECURRENCE

- New Primary
 Recurrence - regional, *describe*

- Recurrence - distant, *describe*

LATERALITY

- Not specified
 OR
 Right
 Left
 Bilateral
 Other, *specify*

PREVIOUS TREATMENT

PRINCIPAL CLINICIAN

COMMENTS