Oral Cancer Histopathology Request Information

Mandatory questions (i.e. protocol standards) are in bold (e.g. S1.01).

**S1.01 Identification**

**Family name**

**Given name(s)**

**Date of birth**

**Date of request**

**Sex**
- Male
- Female
- Intersex/indeterminate

**Ethnicity**
- Unknown
- Aboriginal/Torres Strait Islander
- Other ethnicity:

**G1.01 Patient identifiers**
- e.g. MRN, IHI or NHI (please indicate which)

**Requesting doctor - name and contact details**

**S1.03 Principal clinician**

**S1.04 Anatomical site**

**S1.05 Laterality of the lesion**
- Left
- Right

**S1.06 Clinical history**

**G1.03 Human papilloma virus (HPV) status**

**G1.04 Clinical diagnosis or differential diagnosis**

**S1.07 New primary cancer or recurrence**
- New primary cancer
- Recurrence
- Distant
- Regional

**S1.08 Pre-operative or prior radiotherapy**
- None administered
- Yes

**S1.09 Type of operation**
- (tick all that apply)
  - incisional biopsy
  - excisional biopsy
  - hemi-glossectomy
  - partial glossectomy
  - hemi-mandibulectomy
  - segmental mandibulectomy
  - partial / hemi-maxillectomy
  - total maxillectomy
  - wedge resection of lip
  - neck dissection
- Selective
- Modified radical
- Radical
- Extended radical

**Nodal levels included**
- (tick all that apply)
  - submental (IA)
  - submandibular (IB)
  - upper jugular (IIA)
  - upper jugular (IIB)
  - middle jugular (IIIA)
  - lower jugular (IV)
  - posterior triangle (VA)
  - posterior triangle (VB)

**S1.10 Involvement of adjacent structures**

**S1.11 Distant metastases**
- No
- Yes
- Specify details

Version 1.0 Request Information from Oral Cancer Structured Reporting Protocol 1st Edition
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