Neoplasia of the Testis - Orchidectomy
Request Information

Family name

Given name(s)

Date of birth
Date of request

Patient identifiers

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

Requesting doctor - name and contact details

Copy to doctor
name and contact details

CLINICAL INFORMATION

- Previous history of testicular cancer (specify)

- Previous therapy (specify)

- Other (specify)

SERUM TUMOUR MARKERS (select all that apply)

- Serum tumour markers within normal limits
  Specify serum tumour markers used, level and date markers were drawn

  Date

- LDH IU/L
- AFP ug/L
- b-HcG IU/L

OPERATIVE PROCEDURE

- Orchidectomy, partial
  - Right
  - Left

- Orchidectomy, radical
  - Right
  - Left

- Other (specify)

NEW PRIMARY LESION OR RECURRENCE

- New primary

- Recurrence - regional, describe

- Recurrence - distant, describe

PRINCIPAL CLINICIAN

OTHER COMMENT

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