

Cervical Cancer Histopathology Request Information



Family name

Given name(s)

Date of birth

Date of request

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

Tumour location

Operative procedure

Cone biopsy (laser cone or cold knife cone biopsy)

Radical trachelectomy

Hysterectomy

Radical hysterectomy

Other

Accompanying specimens

Lymph nodes

Other

Clinical diagnosis

Previous biopsy or cytology results

Record other clinical information overleaf

New primary or recurrence

New primary cancer

Local recurrence

Distant metastasis

Details:

Previous treatment

Details of prior cancer diagnosis

Family history

Existence of local residual cancer

Principal clinician