

Gastric Cancer Histopathology Request Information



Family name

Given name(s)

Ethnicity

- Unknown/inadequately described
 Aboriginal/Torres Strait Islander (AU)
 Māori (NZ)
 Other ethnicity:

Date of birth

Date of request

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

CLINICAL INFORMATION

OR

- Information not provided

OR

Relevant biopsy/cytology results

Previous diagnosis and treatment for gastric cancer

Endoscopic location of the tumour

Clinical staging

Previous partial gastrectomy

History of chronic gastritis

Other clinical information

NEOADJUVANT THERAPY

- Information not provided
 Not administered
 Administered, *describe*

OPERATIVE PROCEDURE (select all that apply)

- Not specified
 Gastrectomy
 Sub-total
 Total
 Oesophagogastrectomy
 Other, *specify*

PRINCIPAL CLINICIAN

COMMENTS