

Mesothelioma in the Pleura and Peritoneum

Request Information



Family name

Sex

- Male
 Female

Given name(s)

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander
 Other ethnicity:

Date of birth

Date of request

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 HISTORY

Radiological appearance

History of previous cancer

Other (describe)

NEOADJUVANT THERAPY

- Not administered
 Administered (*describe*)

OPERATIVE PROCEDURE

- Core biopsy
 Open biopsy
 VATS biopsy
 Decortication
 Radical pleurectomy
 Extrapleural pneumonectomy
 Debulking
 Other (*specify*)

NEW PRIMARY CANCER OR RECURRENCE

(For resection specimens only)

New primary Regional (local) recurrence

Distant metastases

Details:

Note any other relevant information overleaf