

Malignant Odontogenic Tumours Histopathology Request Information



Family name

Given name(s)

Date of birth

Date of request

Ethnicity

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

CLINICAL INFORMATION

OR

ANATOMICAL SITE

LATERALITY

- Not stated Left Right

CLINICAL HISTORY

OR

- Not stated

CLINICAL OR DIFFERENTIAL DIAGNOSIS

OR

- Not stated

TYPE OF OPERATION (select all that apply)

- Not specified

OR

- Debulking/curettage

- Biopsy (excisional, incisional), *specify*

- Resection, *specify*

- Neck (lymph node) dissection*, *specify*

- Other, *specify*

NEOADJUVANT THERAPY

- Not administered
 Administered, *specify type*
 Chemotherapy
 Radiotherapy
 Targeted therapy, *specify if available*

- Immunotherapy, *specify if available*

NEW PRIMARY CANCER OR RECURRENCE

- New primary Recurrence - regional
 Recurrence - distant

Details:

PRINCIPAL CLINICIAN

COMMENTS

* If a *neck dissection* is submitted, then a separate dataset is used to record the information.