

Carcinomas of the Oral Cavity Histopathology Request Information



Family name

Given name(s)

Date of birth

Date of request

Indigenous Status (AU)

- 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

Indigenous Status (NZ)

- Maori Not identified as Maori
 Not stated/inadequately described

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

TYPE OF OPERATION (select all that apply)

- Not specified

OR

- Biopsy (excisional, incisional), *specify*

- Resection, *specify*

- Glossectomy, *specify*
 Buccal mucosa, *specify*
 Lip, *specify*
 Mandibulectomy, *specify*
 Maxillectomy, *specify*
 Palatotomy, *specify*

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

- Other, *specify*

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

HUMAN PAPILLOMA VIRUS (HPV) STATUS

CLINICAL OR DIFFERENTIAL DIAGNOSIS

INVOLVEMENT OF ADJACENT STRUCTURES

OR

- Not stated

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