

Ovary, Fallopian Tube and Primary Peritoneal Carcinoma 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

GENETIC STATUS

- Not known
 BRCA1
 BRCA2
 Lynch syndrome
 Other

PRIOR CHEMOTHERAPY

- Not known
 No chemotherapy administered
 Prior chemotherapy administered

PREVIOUS GYNAE. PROCEDURE OR TREATMENT

ADDITIONAL RELEVANT CLINICAL INFORMATION

OPERATIVE PROCEDURE

- Left oophorectomy
 Right oophorectomy
 Left salpingo-oophorectomy
 Right salpingo-oophorectomy
 Left salpingectomy
 Right salpingectomy
 Peritoneal resection
 Omentectomy
 Total hysterectomy with bilateral salpingo-oophorectomy
 Other

OPERATIVE FINDINGS

NEW PRIMARY CANCER OR RECURRENCE

- New primary Regional (local) recurrence
Distant metastases

Details:

Note any other relevant information overleaf