

Thymic Epithelial Tumours 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 INFORMATION

- Myasthenia gravis
 Pure Red Cell Aplasia (PRCA)
 Rheumatoid arthritis
 Hypogammaglobulinemia (Good's syndrome)
 Previous neoplasm (*specify*)
- Lupus
 Addison's disease
 Cushing's disease

Preoperative therapy (*specify*)

Other disorders (*specify*)

OPERATIVE PROCEDURE

- Extended thymectomy
 Radical thymectomy
 Other (*specify*)
- Partial thymectomy
 Total thymectomy
 Not specified

PREVIOUS RELEVANT BIOPSY OR PROCEDURE

NEW PRIMARY TUMOUR OR RECURRENCE

New primary Regional (local) recurrence

Distant metastases

Details:

Note any other relevant information overleaf