

Adrenal Gland Tumours Histopathology Request Information



Family name

Given name(s)

Date of birth

Date of request

Sex

- Male
 Female
 Intersex/indeterminate

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

Operative procedure

Functionality of the adrenal gland

Non-functional Functional

Type of presentation:

Any previous adrenal surgery

Site of lesion(s)

Laterality of the lesion

Left Right Both

Any accompanying specimens

Lymph nodes Kidney Other

Relevant clinical information

Note any other relevant information received overleaf

Pre-operative biopsy

Not performed Performed

Clinical stage

Involvement of adjacent organs

Not involved Involved

Clinical diagnosis or differential diagnosis

New primary cancer or recurrence

New primary Regional (local) recurrence

Distant metastases

Principal clinician caring for the patient

Surgeon's name & contact details