

# Urinary Tract Carcinoma (Transurethral resections & Biopsy) Histopathology Request Information



Family name

Given name(s)

Date of birth

Date of request

Indigenous Status

- 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

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

**Previous history of urinary tract disease or distant metastasis**

- No previous history  
OR

  
  

**Previous therapy**

- No previous therapy  
OR

  
  

**Cystoscopic appearance**

- Normal

OR

- Papillary  
 Polypoid  
 Red (erythematous) area  
 Other, *specify*

**Other clinical information**

## CLINICAL EXTENT OF DISEASE

## OPERATIVE PROCEDURE

- Transurethral resection  
 Biopsy  
 Other, *specify*

## SITE(S) SAMPLED

- Renal pelvis  
 Ureter  
 Prostate/prostatic urethra  
 Bladder, *specify site/s*

- Urethra, *specify site/s*

- Other, *specify*

## PRINCIPAL CLINICIAN

## OTHER COMMENTS