

# Polypectomy and Local Resections of the Colorectum 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

Proceduralists name & contact details

Number of specimens submitted

For each specimen submitted use the table overleaf  
to record details.

Multiple unexcised polyps

- Absent   
Present

Relevant patient or family history

Reason for procedure

- Initial screening colonoscopy (baseline or index procedure)  
 Surveillance – no previous history of adenoma or malignancy  
 Surveillance – high risk eg FAP, other polyposis syndromes, Lynch syndrome  
 Surveillance – previous adenoma/HGD/malignant polyps

Date and results of previous episode

Previous colorectal surgery

Issues noted during procedure

- Positive faecal occult blood test (FOBT)  
 Other (specify)

Other relevant details

