

Oesophagus and Gastro-Oesophageal Junction Histopathology Request Information (ENDOSCOPIC RESECTION SPECIMEN)



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

Tumour morphology

- Polypoid 0-Ip (protruded, pedunculated)
 0-Is (protruded, sessile; >2.5mm above baseline)

- Non-Polypoid 0-IIa (superficial, elevated; < 2.5mm above baseline)
 0-IIb (flat)
 0-IIc (superficial shallow, depressed)
 0-III (excavated/ulcerated)

Lesion type

- Non-focal
 Focal Specify details:

Sites of the lesion

- cervical oesophagus
 upper thoracic
 middle thoracic
 lower thoracic
 gastro-oesophageal junction

Location(s) (clock-wise orientation)

Distal extent (most distal extent of the lesion from the incisors)

Proximal extent (most proximal extent of the lesion from the incisors)

Type of procedure

- Endoscopic Resection (ER)
 Endoscopic Submucosal Dissection (ESD)
 Other (specify details)

Existence of local residual neoplasia

Previous pathological diagnosis

Proceduralists name & contact details

Principal clinician

Additional information