

RENAL BIOPSY FOR TUMOUR

Request Information



Family name

Given name(s)

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

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

RELEVANT PAST MEDICAL HISTORY

PREDISPOSING FACTORS (INCL. GENETIC STATUS)

PRE-OPERATIVE TREATMENT

RELEVANT FAMILY HISTORY

EXTENT OF DISEASE

PREVIOUS BIOPSY/SURGICAL SPECIMENS

CLINICAL OR DIFFERENTIAL DIAGNOSIS

OPERATIVE FINDINGS

LATERALITY

- Left
 - Unifocal
 - Multifocal
- Right
 - Unifocal
 - Multifocal
- Bilateral
 - Unifocal in both kidneys
 - Multifocal in one kidney
 - Multifocal in both kidneys
- Other eg horseshoe kidney
 -
 - Unifocal
 - Multifocal

NATURE OF OPERATION

- Core/needle biopsy
- Other, *specify*

NEW PRIMARY LESION OR RECURRENCE

- New primary
- Recurrence - regional, *describe*

- Recurrence - distant, *describe*

PRINCIPAL CLINICIAN

ADDITIONAL COMMENTS - record overleaf