

CARCINOMA OF RENAL TUBULAR ORIGIN (resection specimens) 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 (INC. GENETIC STATUS)

PRE-OPERATIVE TREATMENT

- Tumour embolization
 Cryoablation
 Radio frequency ablation
 External-beam radiation therapy (EBRT)
 Other, *specify*

RELEVANT FAMILY HISTORY

EXTENT OF DISEASE

PREVIOUS BIOPSY/SURGICAL SPECIMENS

CLINICAL OR DIFFERENTIAL DIAGNOSIS

LATERALITY

- Left Right
 Other eg horseshoe kidney, *specify*

NATURE OF OPERATION

- Radical nephrectomy Simple nephrectomy
 Other, *specify* Partial nephrectomy

SURGICAL INTENT

- Curative Palliative

OPERATIVE FINDINGS

TISSUE REMOVED FOR RESEARCH OR OTHER PURPOSES

- No Yes Details of tissue removed

NEW PRIMARY LESION OR RECURRENCE

- New primary
 Recurrence - regional, *describe*
 Recurrence - distant, *describe*

PRINCIPAL CLINICIAN

ADDITIONAL COMMENTS - record overleaf