

Tumours of the Heart, Pericardium, and Great Vessels Request Information



Family name

Sex

- Male
 Female

Given name(s)

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander
 Other ethnicity:

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

CLINICAL INFORMATION

OPERATIVE PROCEDURE

- Resection
 Endovascular biopsy
 Image guided percutaneous biopsy
 Explantation
 Other (*specify*)

NEOADJUVANT THERAPY

- Not administered
 Administered (*describe*)

NEW PRIMARY LESION OR RECURRENCE

New primary Regional (local) recurrence

Distant metastases

Details:

Note any other relevant information overleaf