

Neoplasia of the Testis - Orchidectomy



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

CLINICAL INFORMATION

Previous history of testicular cancer (*specify*)

Previous therapy (*specify*)

Other (*specify*)

SERUM TUMOUR MARKERS (select all that apply)

- Serum tumour markers within normal limits
OR
Specify serum tumour markers used, level
and date markers were drawn

Date

LDH

AFP

b-HcG

OPERATIVE PROCEDURE

- Orchidectomy, partial
 Right Left
 Orchidectomy, radical
 Right Left
 Other (*specify*)

NEW PRIMARY LESION OR RECURRENCE

- New primary
 Recurrence - regional, *describe*

- Recurrence - distant, *describe*

PRINCIPAL CLINICIAN

OTHER COMMENT