

Gastric Cancer Histopathology Request Information



Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.01**).

S1.01 Identification

Family name

Given name(s)

Date of birth

Date of request

Sex

- Male
 Female
 Intersex/indeterminate

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander
 Other ethnicity:

G1.01 Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Requesting doctor - name and contact details

S1.03 Principal clinician

S1.04 Surgeon/proceduralist name (if different from above) **and contact details**

S1.05 Tumour site (location)

- Proximal 1/3
Middle 1/3
Distal 1/3

S1.06 Type of operation

- Oesophago-gastrectomy
Total gastrectomy
Subtotal gastrectomy (proximal)
Subtotal gastrectomy (distal)
Other (specify):

S1.07 Preoperative therapy

- Nil
Preoperative chemotherapy
Preoperative radiotherapy
Preoperative chemoradiotherapy

S1.08 Involvement of adjacent organs

- Absent
Present Pancreas
Spleen
Liver

Other (specify)

S1.09 Distant metastases

- Absent
Present Specify sites

S1.10 Surgeon's opinion - residual tumour

G1.02 Other comments