



## Histopathology Report

### When to use this form

This form is to be completed by a Pathologist upon receipt of histopathology results of a specimen from a National Bowel Cancer Screening Program (the Program) participant with a positive FOBT result.

### Instructions

The form is presented in four (4) sections. Please complete sections 1, 2, 3, 4 and the relevant sub section(s) then lodge the form by free fax to **1800 115 062** or mail to: NBCSP Register, Reply Paid 83061, Hobart TAS 7001.

### Information payment

An information payment will be made for providing information on this form to the Register. In order to receive an information payment, you must complete (once only) a **Payment Account Details for Service Provider** form and identify if payment is to be made to the bank account previously nominated to Medicare Australia for receipt of payments from Medicare, or a different bank account. This form is available on the Program website at [www.cancerscreening.gov.au](http://www.cancerscreening.gov.au)

### Re-ordering details

If you require additional copies of this form please contact the National Bowel Cancer Screening Program **Information Line** on **1800 118 868**.

### Privacy note and acknowledgement

Information provided on this form and results of tests provided under the Program will be recorded on the Register by Medicare Australia. This information will be used for reporting and follow-up of medical results, evaluating the Program and sending invitations to screen and re-screen.

Information held by Medicare Australia is protected by law and will not be released to a third party except in accordance with the *Privacy Act*.

**Note:** All Program participants are required to sign a consent and declaration statement in which they agree to their personal and clinical details being collected and provided to the Register by pathologists who have been requested to analyse samples taken.

If you have any concerns or if anything is unclear about the Program or in this form please contact the National Bowel Cancer Screening Program Information Line on **1800 118 868** or visit the website at [www.cancerscreening.gov.au](http://www.cancerscreening.gov.au)



# Histopathology Report

## 1 Patient details

Family name

Given name(s)

Date of birth

 

Gender: Female  Male

## 2 Colonoscopy details

Name of Facility/Hospital where the colonoscopy was performed

Name of Proceduralist who completed the colonoscopy

Date of Colonoscopy Procedure

 

## 3 Pathologist details

Pathologist Provider number

Name of Authorising Pathologist

Contact number of person who completed this form

Laboratory name

Provider number for payment  
(if same as Pathologist Provider number please leave blank)

Signed

Dated

 

## 4 Procedure performed

Specimen accession number

Colorectal polyps removed endoscopically or biopsied  go to **4A**

Biopsy from suspected cancer  go to **4B**

Locally excised colorectal cancer  go to **4C**

Surgical resection of colorectal cancer  go to **4C**

## 4A Information on colorectal polyps

### Description of all polyps/fragments examined

Total number of polyps received for examination  Uncertain   
 Number of tubular, tubulovillous or villous adenomas  Number of mixed adenomas   
 Number of serrated adenomas  Number of hyperplastic polyps

### Condition of specimen received

Intact  OR Multiple fragments  OR Biopsy only

Estimated maximum diameter of the largest adenoma or aggregate diameter of fragments  mm

(Note: anything greater than 99mm to be recorded as 99mm)

### Most villous lesion received of all polyps

Tubular  Tubulovillous  Villous

Highest grade of dysplasia of all polyps Low grade  High grade

## 4B Information on biopsy taken from suspected cancer

Diagnosis supported Yes  No  Uncertain

## 4C Information on locally excised or surgical resection of colorectal cancer

Total number of cancers identified

Description (to be completed for the most advanced tumour)

Specimen removed: In toto  Piecemeal excision

Site of tumour

CAEC  ASC  HEP  TRAN  SPLN  DESC  SIG  RECT

Estimated maximum diameter of lesion/aggregate diameter of fragments  mm (Note: anything greater than 99mm to be recorded as 99mm)

Histology – type Adenocarcinoma  Mucinous carcinoma   
 Signet ring cell carcinoma  Other

Differentiation Well/moderate  Poor/undifferentiated

Contiguous lesion None  Tubular adenoma   
 Tubulovillous adenoma  Villous adenoma   
 Serrated adenoma  Mixed polyp   
 Other

Grade of dysplasia in adenomatous component Low grade  High grade

### Extent of invasion from surgical specimen

(based on information available)

Submucosa or into but not through muscularis propria   
 Through muscularis propria  Lymph node metastasis

Metastatic disease Yes  No  Not stated

Please estimate the time taken to complete this form. Include the time taken to collect any information.

Hrs   Mns