

## 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 83245, Canberra BC ACT 2610.

### 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 for each provider location) a **Payment Account Details for Service Provider** form to identify the bank account for receipt of payments from Medicare Australia. 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**