Colorectal Cancer Surgical Pathology Requisition Form

SURGEON NAME: ____________________

DATE OF OPERATION: _______/_____/________
DD/MM/YYYY

SPECIMEN SOURCE:  A:_____________________________  B:_____________________________

C:_____________________________  D:_____________________________

HISTORY:
- Malignant Polyp: If so: Partial Removal  Complete Removal
- Inflammatory Bowel Disease: If so: Ulcerative Colitis  Crohn’s Disease
- Familial Polyposis: Type FAP  HNPCC
  Other_____________________
- Other Relevant History (including related pathology)

NEoadjuvANT THERAPY:  No  Yes  XRT: Short Course  Long Course  Chemo  Unknown

CLINICAL STAGING (PRETREATMENT): cT______N______M_______

RADIOLOGY (for rectal tumors):
- Threatened CRM: No  Yes  Unknown
- Suspected lymph node involvement: No  Yes  Unknown
- Suspected extramural venous invasion: No  Yes  Unknown

SURGICAL TECHNIQUE:  Laparoscopic  Open  Transanal

PROCEDURE | TUMOR SITE
---|---
- Colectomy:
  - Left  Total Abdominal
  - Right  Transverse
- Sigmoidectomy
- Anterior Resection
- Abdominoperineal Resection
- Total Proctocolectomy

**For Rectal Procedures Only:**
- Mesorectal Excision:
  - Total  Partial  No

Distance from anal verge: _______cm

Other relevant intraoperative findings: ____________________________________________________________

CRC Toolkit Resource: Standardized Tools
Original Version: April 2012
Developed by the Cancer Care Ontario Pathology Working Group for optional use
**ORIENTATION OF SPECIMEN:**

- Suture Marking: ____________Proximal Margin ____________Distal Margin
- Other Suture Marking (if necessary eg. soft tissue margin)__________________________

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