

\*CA Pt\*

## SURGICAL LISTING &amp; HISTOPATHOLOGY REQUEST FORM

Listing Clinician *Sali Rott**128654*

Surname Boston	First Name William	22-May- 1947	Gender M	Age 74y	NHS No 452 126 6754	EMIS No 128654
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## SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

<u>Single Slot</u>	2 weeks Fast track biopsy	Any clinician (shave/punch/ <u>C&amp;C</u> )
Double Slot	<u>1 month</u>	Exc/Inc biopsy trunk and limbs
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC? Yes / <u>No</u>		Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Left anterior scalp	C+C x2	Raised non healing lesion, near to site previous bowens. on azathioprine. ? Bowens.	N
2.			Patients requiring Excision/Incisional procedure who have a pacemaker in -situ should be referred externally

## SECTION B: TO BE COMPLETED BY CLINICIAN LISTING THIS PATIENT

A) Have you indicated the site on the anatomical body map?	<u>Yes</u>
B) Has the patient confirmed the marked site and procedure	<u>Yes</u> / No
C) Have you photographed the site of the lesion	<u>Yes</u> / No / Photographed on patient's own phone
SAME DAY SURGERY ONLY Have you marked the site of the lesion	Yes

## SECTION C: TO BE COMPLETED BY OPERATOR ON DAY OF SURGERY:

DERMATOLOGICAL SURGEON

SIGNATURE

SAMPLE TIME

☐ 2WW☐ Urgent*K Howden**K Howden.*H H M S  
*1 0 3 0*☒ Routine

SAMPLE DATE

D D M M Y Y  
*0 1 0 6 2 2*

LAB USE ONLY

DATE RECEIVED

D D M M Y Y Y Y  
*0 1 0 6 2 2*

TIME RECEIVED (24 HR)

H H M M  
*1 0 3 0*