

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Wayne Maxwell

19-Jan-2022

Surname Goddard	First Name Patricia	19-Jan- 1948	Gender F	Age 73y	NHS No 402 128 0251	EMIS No 34257
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SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

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

BCC.

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Rt upper chest	punch biopsy	1.5cm x 1cm scaly macule ↑ size.	(Y.)
2.		? sup BCC. (could hand held cautery be used if required.)	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?	Yes
B) Has the patient confirmed the marked site and procedure	Yes / No
C) Have you photographed the site of the lesion	Yes / No / Photographed on patient's own phone
SAME DAY SURGERY ONLY	Yes
Have you marked the site of the lesion	

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

DERMATOLOGICAL SURGEON

SIGNATURE

SAMPLE TIME

☐ 2WW

☐ Urgent

☒ Routine

W. MACLEOD

pl

11 10 10 10

SAMPLE DATE

9 2 10 10 2 2

LAB USE ONLY

DATE RECEIVED

D D M M Y Y Y Y

TIME RECEIVED (24 HR)

H H M M

STICK BIOHAZARD LABEL HERE