SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician KTH

	· ·				•			
Surname	First Name	31-Dec-	Gender	Age	NHS No		EMIS No	
Hughes	Stephan	1964	M	57y	460 888 0063	3	25932	
SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:								
Single Slot			<u> </u>		•	·		
1 month		Exc/Inc biopsy trunk and limit			bs	-		
Suspicious of MM/SCC? Yes / No List			Listing	ting for Specific clinician:				
Specimen	cimen Procedure Clinica (Excisional/ Incisional etc)			inical History			PACEMAKER	
Site							(Y/N)	
1.								
Back left of	5mm WLE Severely dysplastic naeyus o			discussed at \$40T 27/04/22				
mid line	SHIII WLE	Severely dyspias	astic naevus discussed at MDT 27/04/22.			4/22.	N	
maine		Lateral margin 0.9mm				Ĩ		
2.					- 1	Patients requiring Excision/Incisional		
}					{	procedure who have a		
]			•			\ p	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 SAME DAY SURGERY ONLY				Yes / No / Photographed on patient's own phone Yes				
Have you marked the site of the lesion				•				
<u>.</u>	SECTION C: TO BE	COMPLETED E	BY OPER	ATOR	ON DAY OF	SURGEF	RY:	
•	DERMATOLOGIC			SIGNA			SAMPLE TIME	
□ 2WW						•		
□ Urgent	BLACK			AB 000			H M M	
			CARADIE DATE					
Routine				SAMPLE DATE			M N N N N N N N N N N N N N N N N N N N	
LAB USE ONLY		ONLY				•		
	į		TIME RECEIVED (24 HR)					
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