SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Tim Kingston 25-May-2022 Surname Gender Age First Name 20-Mar-NHS No **EMIS No** Ahmed Amar 1972 M 50y 618 770 9829 134947 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 Exc/ Inc biopsy head and neck OR nail biopsy 2 months/3months Suspicious of MM/SCC? Yes / Listing for Specific clinician: Specimen **PACEMAKER** Procedure **Clinical History** (Excisional/Incisional etc) Site (Y/N)NARVYS by painful 2mm du vally berryn exclude melonomo local Gr 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? B) Has the patient confirmed the marked site and procedure Yes No Yes / No / Photographed on patient's own phone C) Have you photographed the site of the lesion 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 BLICE-Urgent Routine SAMPLE DATE STICK LAB USE ONLY BIOHAZARD DATE RECEIVED TIME RECEIVED (24 HR) LABEL HERE M M