

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Tim Kingston

18-May-2022

Surname Bowyer	First Name Roger	23-Jul-1945	Gender M	Age 76y	NHS No 440 567 3608	EMIS No 134228
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SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

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

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. ④ Ryle	Excision	? Melanoma ? pigmented BCC	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?	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

B. A. C. U.

[Signature]

H H M M
1 1 0 0

SAMPLE DATE

D D M M Y Y
0 7 0 6 2 2

LAB USE ONLY

DATE RECEIVED

D D M M Y Y Y Y
D D M M Y Y Y Y

TIME RECEIVED (24 HR)

H H M M
H H M M

STICK
BIOHAZARD
LABEL HERE