SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM 24/05/22

Listing Clinician D. Maxwell						2	4/05/22
Surname	First Name	18-Jun-	Gender	Age	NHS No		EMIS No
Hart	Katherine	1949	F	72y	452 925 2574		131627
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 if poss as a Exc/Inc biopsy trunk and limbs							
2 months/3months /ace/www.Exc/ Inc biopsy head and neck OR nail biopsy							
Suspicious of MM/SCC? Yes / No Listing for Specific clinician:							
	Procedure Excisional/Incisional etc)	Clinical History					PACEMAKER (Y/N)
Nose	punch	len x len scaly industed lesia 6m. bleeds ? BCC.					<i>N</i> ·
NOSE	biupsy	leoia 6m. bleeds : BCC					
2. Rt	punch	plague. Vexeb seen. ? BCC.				F E	Patients requiring excision/Incisional ocedure who have a
arhi helix	lix biopsy plague. Venels seen. ! &cc.					pace	maker in -situ should 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 г						_	
Urgent	KHOWTEN KKLOWIEN						K 10 00
Routine SAMPLE DATE SAMPLE DATE SAMPLE DATE SAMPLE DATE							
STICK	LAB USE O	NLY				ger skep tree in the	
BIOHAZARI	DATE	DATE RECEIVED TIME RECEIVED (24 HR)					
LABEL HERE DDMMYYYY HH							