

# SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Richard Edwards

25-May-2022

Surname Hope	First Name Marilyn	12-Jun- 1946	Gender F	Age 75y	NHS No 408 832 6385	EMIS No 134951
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## SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:


<input checked="" type="radio"/> Single Slot	2 weeks Fast track biopsy	Any clinician (shave/punch/C&C) <input checked="" type="checkbox"/>
<input type="radio"/> Double Slot	1 month <i>with 6 weeks</i>	Exc/Inc biopsy trunk and limbs
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC? Yes / No		Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. <i>Lankers Jaw line</i>	<i>Bx 4mm x 2B</i>	<i>Pink tan patch L jaw line, 6 months enlarged. Fairly featureless with dermoscopy. ? Actinic keratosis ? lichen or early seb keratosis.</i>	<i>(N)</i>
2.		<i>exchale suspect bcc</i>	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?	<input checked="" type="radio"/> 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 Have you marked the site of the lesion	Yes

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

<input type="checkbox"/> 2WW <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	DERMATOLOGICAL SURGEON <i>BLACIO</i>	SIGNATURE 	SAMPLE TIME <table border="1"> <tr> <td>H</td> <td>M</td> <td>M</td> <td>M</td> </tr> <tr> <td>0</td> <td>4</td> <td>0</td> <td>0</td> </tr> </table>	H	M	M	M	0	4	0	0				
H	M	M	M												
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	SAMPLE DATE <table border="1"> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>0</td> <td>6</td> <td>0</td> <td>6</td> <td>2</td> <td>2</td> </tr> </table>		D	D	M	M	Y	Y	0	6	0	6	2	2	
D	D	M	M	Y	Y										
0	6	0	6	2	2										

STICK  
BIOHAZARD  
LABEL HERE

### LAB USE ONLY

DATE RECEIVED

D	D	M	M	Y	Y	Y	Y
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TIME RECEIVED (24 HR)

H	H	M	M
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