

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Yasmin Gruenbeck

04-May-2022

✓ *3.15-9.45*

Surname Bowers	First Name Jennifer	21-Oct- 1952	Gender F	Age 69y	NHS No 452 226 2698	EMIS No 35886
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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
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC? <u>Yes</u> / No		Listing for Specific clinician:

R shoulder upper back

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. <i>Upper back/ shoulder</i>	<i>Excision</i>	<i>3-4 months rapidly growing lesion 9x7mm pink papular lesion ?BCC, abutting vessels</i>	<i>(N)</i>
2.		<i>with rapid growth + asymmetry need to rule out SCC. Thank you.</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?	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:

DERMATOLOGICAL SURGEON

SIGNATURE

SAMPLE TIME

- ☐ 2WW
☐ Urgent
☐ Routine

BLACK

[Signature]

1430

SAMPLE DATE

300522

LAB USE ONLY

DATE RECEIVED

DDMMYY

TIME RECEIVED (24 HR)

HHMM

STICK
BIOHAZARD
LABEL HERE