SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM 17/6/22. Ing Clinician DermNurseSpecialist Sali Putt 08-Jun-2022 70 17.00.

Listing Clinician DermNurseSpecialist Sali Putt 08-Jun-2022

<u> </u>		1					
Surname	First Name	15-Nov-	Gender	Age	NHS No	EMIS No	
Kitchen	Valerie	1943	<u> </u>	78y	442 253 4521	136127	
SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:							
Single Slot 2 weeks Fast track biopsy Any cl					y 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? Yes / No			Listing for Specific clinician:				
Specimen	imen Procedure Clinical History				PACEMAKER		
Site	(Excisional/Incisional etc)	•				(Y/N)	
1.	Punch Bx.	15mm x 6mm flat pigniented leoin, central more darlly pignisted area					
Right	runar bx.						
1. Right upper Unecle		? changed recently.				·	
check		<u> </u>					
			Lentigo ??lentigo maligna				
2. _{00 - 1} L	Punch Bx.	Gown rapidly over 6 weeks. Rawed begins				Patients requiring	
right	i ontore Bret	with whate clode				Excision/Incisional	
2. Right lower						,	
cheek.		?Ak. pacemaker in -situ should					
ļ ,		PSCC be referred externally					
SECTION B: TO BE COMPLETED BY CLINICIAN LISTING THIS PATIENT							
A) Have you indicated the site on the anatomical body map? (Ýes)							
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						itient's own phone	
SAME DAY SURGERY ONLY Have you marked the site of the lesion							
tione And warved file sife of file lesion							
SECTION C: TO BE COMPLETED BY OPERATOR ON DAY OF SURGERY:							
DERMATOLOGICAL SURGEON SIGNATURE SAMPLE TIME							
☑ 2WW							
	112 100-11	100		1/		Hy 12 NJ POT	
☐ Urgent	W. MACA	AO 03	[W	<u> </u>		
☐ Routine				SAMF	PLE DATE	170622	
9 9 % 6 2 2							
LAB USE ONLY							
IIME RECEIVED (24 HR)							
$\mathbb{C}[D]M[W]V[Y]Y[Y]Y[Y]$							