

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician TK

Surname Warner	First Name Clinton	06-Nov- 1958	Gender M	Age 63y	NHS No 476 276 7948	EMIS No 129039
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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:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. <u>R calf</u>	Excisional <u>C&C</u>	<u>11mm plaque</u> <u>SCC</u> <u>Bowen's</u>	<u>N</u>
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?	<u>Yes</u>
B) Has the patient confirmed the marked site and procedure	<u>Yes</u> / No
C) Have you photographed the site of the lesion	<u>Yes</u> / No / Photographed on patient's own phone
SAME DAY SURGERY ONLY	<u>Yes</u>
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

BLACG

[Signature]

H H M M
1 0 5 0

SAMPLE DATE

D D M M Y Y
3 0 0 5 2 2

LAB USE ONLY

DATE RECEIVED

D D M M Y Y Y Y

TIME RECEIVED (24 HR)

H H M M

STICK
BIOHAZARD
LABEL HERE