

# SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician SP

Surname Mair	First Name Kenneth	10-Oct- 1946	Gender M	Age 75y	NHS No 400 182 4000	EMIS No 32993
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## SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

Single Slot		
	1 month	Exc biopsy trunk and limbs
Suspicious of MM/SCC? No	Listing for Specific clinician:	

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Mid upper back	Excisional biopsy	Ulcerated pink lesion, dermoscopy has abhorizing vessels ?basal cell carcinoma	N
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?	Yes
B) Has the patient confirmed the marked site and procedure	Yes
C) Have you photographed the site of the lesion	Yes
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]*

16.45.

SAMPLE DATE

30.05.22

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