

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Jo Harris

08-Dec-2021

2P

Surname Phillips	First Name David	24-Aug- 1962	Gender M	Age 59y	NHS No 480 082 3331	EMIS No 23498
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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) <input checked="" type="checkbox"/>
Double Slot	1 month	Exc/Inc biopsy trunk and limbs
	2 months/3months <input checked="" type="checkbox"/>	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. Rt. forearm	small punch bx.	"vacuolitic" looking lesions. Negative AIS, broad NAD. ? just photodamage ? other inflammatory diagnosis	N
2. lt. medial knee	small punch bx.	Pigmented patch = reticular network at periphery in areas. pt. states arisen after pink patch in area (similar patches which wax + wane on arms)	Patients requiring Excision/Incisional procedure who have a pacemaker in -situ should be referred externally ? post-inflammatory

SECTION B: TO BE COMPLETED BY CLINICIAN LISTING THIS PATIENT

A) Have you indicated the site on the anatomical body map?	Yes <input checked="" type="checkbox"/>
B) Has the patient confirmed the marked site and procedure	Yes/No <input checked="" type="checkbox"/>
C) Have you photographed the site of the lesion	Yes/ No / Photographed on patient's own phone <input checked="" type="checkbox"/>
SAME DAY SURGERY ONLY Have you marked the site of the lesion	Yes <input checked="" type="checkbox"/>

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

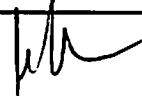
DERMATOLOGICAL SURGEON

SIGNATURE

SAMPLE TIME

- ☐ 2WW
☐ Urgent
☒ Routine

W. MACHAO



11/30

SAMPLE DATE

D D M M Y Y
1 7 0 8 2 2

LAB USE ONLY

DATE RECEIVED

TIME RECEIVED (24 HR)

H H M M