

380TS.

\* AFTERNOON APPOINTMENT IF POSSIBLE \*

## SURGICAL LISTING &amp; HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Joanne Harris

25-May-2022

Has carers,  
will use taxi  
for transport

Surname Owen	First Name Brian	25-Sep- 1936	Gender M	Age 85y	NHS No 494 884 4624	EMIS No 129885
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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? Yes / No		Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Left temple.	Punch bx	PMH SCC's, AK's. Hyperkeratosis, erosion, crusting ? AK ? SCC	(N)
2. Left cheek.	Punch bx.	? AK ? SCC	Patients requiring Excision/Incisional procedure who have a pacemaker in -situ should be referred externally
3. Right midline upper chest	punch biopsy	? AK.	

## 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	Yes
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

RAJ KUMAR

[Signature]

H 1 H 4 M 3 M

SAMPLE DATE

D D M M Y Y  
0 1 0 6 2 2STICK  
BIOHAZARD  
LABEL HERE

LAB USE ONLY

DATE RECEIVED

D D M M Y Y Y Y

TIME RECEIVED (24 HR)

H H M M