## SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM 33113 Listing Clinician Dr Wayne Maxwell 13-May-2022 Surname First Name 03-May-Gender NHS No Age **EMIS No** Bingham Rex 1928 M 94y 440 364 7669 133113 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 Somen 2 months/3months Exc/) Inc biopsy head and neck OR nail biopsy Suspicious of MM/SCC? Yes / Listing for Specific clinician: Specimen Procedure Clinical History **PACEMAKER** (Excisional/Incisional etc) Site (Y/N) Cystic Cesia (2) foredead. Patients requiring Excision/Incisional procedure who have a pacemaker in -situ should be referred externally on aspian - ow 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 BLACU Urgent Routine SAMPLE DATE

TIME RECEIVED (24 HR) M

M

LAB USE ONLY

DATE RECEIVED