

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr James Byrne

22-Jul-2021

| | | | | | | |
|-------------------|--------------------|-------------|-------------|------------|------------------------|------------------|
| Surname McHugh | First Name John | 28-Jul-1944 | Gender M | Age 76y | NHS No 440 383 4361 | EMIS No 14011 |
|-------------------|--------------------|-------------|-------------|------------|------------------------|------------------|

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 | <u>1 month</u> | Exc/Inc biopsy trunk and limbs |
| | 2 months/3months | Exc/ Inc biopsy head and neck OR nail biopsy |
| Suspicious of MM/SCC? Yes / <u>No</u> | | Listing for Specific clinician: |

| Specimen Site | Procedure (Excisional/ Incisional etc) | Clinical History | PACEMAKER (Y/N) |
|---------------------------|--|---|--|
| 1. ant. Rt scalp | Excisional Biopsy 6mm punch | 15 x 12 broad blackish papular lesion ? BCC | <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? | 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 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



H H M M
1 4 0 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