SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician KTH

Surname	First Name	05-Feb-	Gender	Age	NHS No	EMIS No		
Whittaker	Alfred	1935	M	87y	440 468 1887	131512		
SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:								
Cincle Class								
Single Slot 1 month			Exc/Inc biopsy trunk and limbs					
1 month		EXC/ IIIC DIOPSY CIUITA AIIU IIIIDS						
Sumisions of NANA/SCC2 Vos. / No.			Listing for Specific clinician: R					
Suspicious of MM/SCC? Yes / No Listing for Specific clinician: LB								
Specimen	Specimen Procedure Cli				Clinical History PACEMAKER			
Site	(Excisional/ Incisional etc)	Control of the contro				(Y/N)		
12.								
,								
Left upper	excision	11 x 7mm irregular lentigo, moth eaten appearance showing N darkened rhombolds around the hair follicles. Areas of						
arm		peppering and ? negative area. ? LM ? seb K						
		p/h of melanoma						
				•	•			
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								
					Yes / No			
C) Have you photographed the site of the lesion Yes / No / Photographed on patient's own phone Yes / No / Photographed on patient's own phone						atient's own phone		
Have you marked the site of the lesion				1				
The for the die die die in the legion								
SECTION C: TO BE COMPLETED BY OPERATOR ON DAY OF SURGERY:								
•	DERMATOLOGIC	AL SURGEÓN		SIGNA	ATURE	SAMPLE TIME		
⊒ 2X WW			—			¬		
Urgent		VEAR			/h_	25 10 20		
Routine					PLE DATE	578822		
STICK LAB USE ONLY								
RIOHAZARO								
TIME RECEIVED (24 HR)								
LABEL HERE DOMMYYYY HHMM								