## SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Lucy Black

01-Jun-2022

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Surname	First Name	05-Jul-1935	Gender	Age	NHS No		EMIS No	
Gurney	Frank		M.	86y	440 065 507	5	136277	
	SECTION A: TO	BE COMPLET	ED BY C	LINICIA	AN AT TIME	OF LIS	TING:	
Single Slot 2 weeks Fast track biopsy			Any clin	Any clinician (shave/punch/C&C)				
Double Slot 1 month			Exc/Inc biopsy trunk and limbs					
2 months/3months		ths	Exc/ Inc biopsy head and neck OR r				ail biopsy	
Suspicious of MM/SCC? (Yes)/ No			Listing for Specific clinician:					
Specimen	Procedure	Clinical History					PACEMAKER	
Site	(Excisional/ incisional etc)	Cillical Pistory				(Y/N)		
1.	5mm	3						
1		Nowice Non-tender "Varoxatas ? BCC/SCC/Merkel					on on	
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2.		}				ļ	Patients requiring	
						)	Excision/Incisional	
						j	procedure who have a	
						}	pacemaker in -situ should	
	. =			<del></del>		_ ~	be referred externally	
SECTION B: TO BE COMPLETED BY CLINICIAN LISTING THIS PATIENT								
SESTION B. 10 BE COMMETED BY CERTIFICATE ESTING THIS FATIENT								
A) Have you indicated the site on the anatomical body map? (Yes)								
B) Has the patient confirmed the marked site and procedure (Ves./No								
C) Have you photographed the site of the lesion Yes/ No / Photographed on patient's own phone						nt's own phone		
SAME DAY SURGERY ONLY Yes								
Have you marked the site of the lesion								
						_	·	
9	SECTION C: TO BE	COMPLETED	BY OPER	ATOR	ON DAY OF	SURG	ERY:	
_	DERMATOLOGIC				ATURE		SAMPLE TIME	
214/14/		···					CONTRACTORIE	
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$\square$ Routine				SAMP	LE DATE		9 4 4 6 7	
	1						8 8 8 22	
• 1.	LABLICE	ONLY			·· · · · · · · · · · · · · · · · · · ·			
	LAB USE	JINLY						
				TIME RECEIVED (24 HR)				
1. 16/24/3	DATE	RECEIVED		TIM	ME RECEIVED (24 HR)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE					ו		
	DATE	RECEIVED  U IVI IXI Y Y		TIM H	H M M	]		