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SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr James Byrne

17-May-2022

E.m.	First Name	21-May-	Gender	Age	NHS No	EMIS No	
Surname Grant	Malcolm	1932	M	89y	492 365 8088	129347	
SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:							
/							
Single Slot	2 weeks Fast track	Any clir	Any clinician (shave/punch/C&C)				
Double Slot				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	Procedure (Excisional / Incisional etc)	Clinical History				PACEMAKER	
Site	(Excisional) incisional etc)					(YVN)	
1.	Incisional	ncisional Ration yrowing of					
D	,	his and Wodull					
1010	DIDPS4	VIDPSY 7 1/2 0 to account (V)					
scalp	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ncisional Rapid Growth of 510psy 2cm Turned Modul 7. Keratoecauthong					
2.					<u>-</u>	Patients requiring	
						Excision/Incisional	
						pacemaker in -situ should	
1				-		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				Yes			
Have you marked the site of the lesion							
	SECTION C: TO BE		BY OPER			GERY:	
_	DERMATOLOGICA	AL SURGEON		SIGN	ATURE	SAMPLE TIME	
☐ 2WW					S 4	٦	
\square Urgent	BLAQ					1666	
☐ Routine				SAMPLE DATE D D M M Y Y			
					2	B B B ZZ	
STECK	LAB USE O	NLY					
BIOLIAZAR							
LABEL MER	TIME RECEIVED (24 HR)						
The state of the s							