

# SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Faisal Ali

01-Jun-2022

2P

Surname Smithson	First Name David	28-Feb- 1943	Gender M	Age 79y	NHS No 400 181 2177	EMIS No 127688
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## 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
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC?	Yes / No	Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. left mid back upper	excision	? dysplastic Previous MM	NO
2. left mid back lower	excision	? dysplastic Previous MM	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	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  
☐ Urgent  
☐ Routine

*Ali*

*[Signature]*

H H M M  
1 0 5 0

SAMPLE DATE

0 1 0 6 2 2

STICK  
BIOHAZARD  
LABEL HERE

LAB USE ONLY

DATE RECEIVED

D D M M Y Y Y Y

TIME RECEIVED (24 HR)

H H M M