

# SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician *Dr James Byrne*

09/11/2021

Surname Babe	First Name Mary	07-Jun- 1945	Gender F	Age 76y	NHS No 440 566 6059	EMIS No 23392
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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/3 months	Exc/ Inc biopsy head and neck OR nail biopsy ✓
Suspicious of MM/SCC? Yes / No (No)		Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Post Right cheek	Incisional Biopsy	Pink rough flat plaque ? Bowens ? Act. Keratosis ? Discoid Lupus ? Eczema	(Y/N)
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	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
<i>BLAC</i>	<i>[Signature]</i>	H   H   M   M 1   4   0   0
<input type="checkbox"/> 2WW <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	SAMPLE DATE	
		D   D   M   M   Y   Y 0   6   0   6   2   2

### LAB USE ONLY

DATE RECEIVED

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TIME RECEIVED (24 HR)

H	H	M	M
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STICK  
BIONAZARD  
LABEL HERE