

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Tariq Razzaq

13-Apr-2022

| | | | | | | |
|-------------------|---------------------|-----------------|-------------|------------|------------------------|------------------|
| Surname Wright | First Name Avril | 03-Apr- 1938 | Gender F | Age 84y | NHS No 440 384 8982 | EMIS No 35755 |
|-------------------|---------------------|-----------------|-------------|------------|------------------------|------------------|

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. Rt arm | Excision Biopsy | New growth on Rt arm. not sure how long clinically K A | (N) |
| 2. | | " SCC | 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 Have you marked the site of the lesion | Yes |

SECTION C: TO BE COMPLETED BY OPERATOR ON DAY OF SURGERY:

| | | |
|---|---|--|
| <input type="checkbox"/> 2WW <input type="checkbox"/> Urgent <input type="checkbox"/> Routine | DERMATOLOGICAL SURGEON <div style="border: 1px solid black; padding: 5px; font-family: cursive;">BLACU</div> | SIGNATURE <div style="border: 1px solid black; padding: 5px; font-family: cursive;">[Signature]</div> |
| | SAMPLE TIME <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> HM.MM </div> | |
| | SAMPLE DATE <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around;"> DDMMYY </div> | |

STICK
BIOHAZARD
LABEL HERE

LAB USE ONLY

DATE RECEIVED

DDMMYYYY

TIME RECEIVED (24 HR)

HHMM

SURGICAL LISTING - ANATOMICAL BODY MAP

WRIGHT, Avril (Mrs) 03-Apr-1938

