SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician

Surname Duce	First Name Sarah	20-Nov-1972	Gender F	Age 49y	NHS No 442 532 2711	EMIS No 132853

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. Right upper back.	Inc + v	Background Ank Spondylitis. was on antiTNF (Amgevita) Adalimumab, MTX stopped 2/12 ago. Rash 1/12 ago - vasculitic on fingers, almost targetoid lesions. Also purple elbows, lesion scalp/back.	
2. Left occipital scalp	6mm PB.	?ANCA +ve. PHOTO'S ON EMIS ? Wegener's. ? Dermatomyositis.	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:

DERMATOLOGICAL SURGEON   SIGNATURE   SAMPLE TIME

☐ 2WW

☐ Urgent   BLTGr

☐ Routine

SAMPLE TIME: 08 30

SAMPLE DATE: 24 05 22

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

DUCE, Sarah (Dr.) 20-Nov-1972