

# SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician

30/5 11.15

|                  |                       |                 |             |            |                        |                 |
|------------------|-----------------------|-----------------|-------------|------------|------------------------|-----------------|
| Surname<br>Davis | First Name<br>Barbara | 27-Apr-<br>1940 | Gender<br>F | Age<br>82y | NHS No<br>442 355 7819 | EMIS No<br>1034 |
|------------------|-----------------------|-----------------|-------------|------------|------------------------|-----------------|

## 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.<br>Left calf | Excision                               | 12 mm pigmented lesion. Recently "changed" - ↑ size, "looks different" purple mm Right Lh. | N  |
| 2.              |  | ? solar lentigo<br>? mm given hx.  | 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

BLACC

*[Signature]*

1600

SAMPLE DATE

300522

LAB USE ONLY

DATE RECEIVED

DDMMYY

TIME RECEIVED (24 HR)

HHMM

STICK BIOHAZARD LABEL HERE