

## SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

**Listing Clinician Dr Tim Kingston**

24-May-2022

129554

Surname Quick	First Name Maureen	07-Aug-1931	Gender F	Age 90y	NHS No 462 812 1109	EMIS No 129554
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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. ② cheek	biopsy	? calcified 2 Bony Previously Legored + 2 Bony disease	N
2.		Not responsive to Rx	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
<b>SAME DAY SURGERY ONLY</b>	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

K. Hunter

KNOWTON

H	H	NO	VI
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SAMPLE DATE

D	D	M	M	Y	Y
3	1	0	5	2	2

LAB USE ONLY

DATE RECEIVED

D	D	M	M	Y	Y	Y	Y
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TIME RECEIVED (24 HR)

H	H	M	M
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STICK  
BIOHAZARD  
LABEL HERE