

Away 4/6 → 9/6.

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Wayne Maxwell

27-May-2022

Surname Beech	First Name Paul	26-Apr- 1957	Gender M	Age 65y	NHS No 452 273 8943	EMIS No 135183
------------------	--------------------	-----------------	-------------	------------	------------------------	-------------------

SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

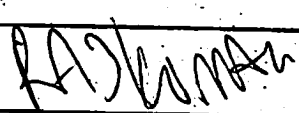
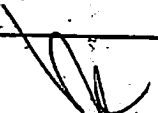
Single Slot	2 weeks Fast track biopsy	Any clinician (shave/punch/C&C)
Double Slot	1 month	Exc/inc biopsy trunk and limbs
	2 months/3 months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SEC?	Yes No	Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Nasal bridge	punch biopsy	pigmented lesion Nasal bridge. darker recently	N.
2.		exclude LM. (see image in notes for biopsy area)	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
<input type="checkbox"/> 2WW <input type="checkbox"/> Urgent <input type="checkbox"/> Routine		
	SAMPLE DATE	
		<div> <div>H</div> <div>M</div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> </div>

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
---	---	---	---