

# SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Tim Kingston

18-May-2022

Surname Hamlyn	First Name John	03-May- 1947	Gender M	Age 75y	NHS No 494 739 8574	EMIS No 134437
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## SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

Single Slot	<input checked="" type="checkbox"/> 2 weeks Fast track biopsy	<input checked="" type="checkbox"/> 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. Vertex scalp	Shave biopsy	? dysplastic naevus ? seborrheic keratosis	N
2.			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?	<input checked="" type="checkbox"/> Yes
B) Has the patient confirmed the marked site and procedure	<input checked="" type="checkbox"/> Yes / No
C) Have you photographed the site of the lesion	<input checked="" type="checkbox"/> 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

K Howden

K Howden.

11/30

SAMPLE DATE

01/06/22

LAB USE ONLY

DATE RECEIVED

DDMMYYYY

TIME RECEIVED (24 HR)

HHMM

STICK  
BIOHAZARD  
LABEL HERE