

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician *Dr Kingston*

03/08/2021

Surname Ellison	First Name Patricia	20-Aug- 1959	Gender F	Age 61y	NHS No 428 615 1417	EMIS No 16178
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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	Any clinician (shave/punch/C&C)
Double Slot <input type="checkbox"/>	1 month <i>-2</i> <input checked="" type="checkbox"/>	Exc/Inc biopsy trunk and limbs
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy <input checked="" type="checkbox"/>
Suspicious of MM/SCC? Yes / <input checked="" type="radio"/> No		Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. <i>④ Temple</i>	Punch <i>BIOPSY 4mm</i>	<i>Bce Sam</i>	<i>N</i>
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="radio"/> Yes
B) Has the patient confirmed the marked site and procedure	<input checked="" type="radio"/> Yes / No
C) Have you photographed the site of the lesion	<input checked="" type="radio"/> Yes / No / Photographed on patient's own phone
SAME DAY SURGERY ONLY	<input checked="" type="radio"/> 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
<i>W. MACHADO</i>	<i>W</i>	<i>15:00</i>
<input type="checkbox"/> 2WW		
<input type="checkbox"/> Urgent		
<input checked="" type="checkbox"/> Routine	SAMPLE DATE	<i>17/06/22</i>

STICK
BIOHAZARD
LABEL HERE

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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