

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician DR BLACK 18/5/22.

Surname Melrose	First Name Alexandra	19-Feb- 1986	Gender F	Age 36y	NHS No 612 432 1807	EMIS No 134910
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SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

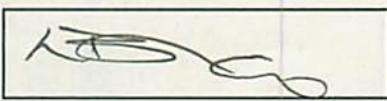
Single Slot	2 weeks Fast track biopsy	Any clinician (shave/punch/C&C)
Double Slot	1 month	Exc/Inc biopsy trunk and limbs
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC? Yes / No <u>Displastic</u>		Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Right fourth toe.	X	New naevus 2 yrs. Atypical network + beading + asymmetry.	
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?	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:

<input type="checkbox"/> 2WW <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	DERMATOLOGICAL SURGEON <u>BLACK</u>	SIGNATURE 	SAMPLE TIME <table border="1"> <tr> <td>H</td><td>M</td><td>M</td><td>M</td> </tr> <tr> <td>1</td><td>0</td><td>0</td><td>0</td> </tr> </table>	H	M	M	M	1	0	0	0			
H	M	M	M											
1	0	0	0											
		SAMPLE DATE <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>0</td><td>6</td><td>2</td><td>2</td> </tr> </table>	D	D	M	M	Y	Y	0	7	0	6	2	2
D	D	M	M	Y	Y									
0	7	0	6	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
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