## **SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM**

Listing Clinician Dr John Lear

25-May-2022

Surname	First Name	01-May-	Gender	Age	NHS No		EMIS No	
Stow	Mary	1938	F	84y	436 027 2332		127280	
SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:								
				Any clinician (shave/punch/C&C)				
			<del></del>	xc/Inc biopsy trunk and limbs				
			<del></del>	xc/ Inc biopsy head and neck OR nail biopsy				
Suspicious of MM/SCC? Yes / No Listing for Specific clinician:								
Specimen Procedure Cli				PACEBANED				
Specimen Site	(Excisional/Incisional etc)	Clinical History				PACEMAKER		
							(Y/N).	
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Lip	pune	?AK 1 Bowers/				1	$\sim$	
l at	'hīgora	360						
2.	o ( GP !)	<del> · · </del>	<del></del>		· · · · · · · · · · · · · · · · · · ·	+	Patients requiring	
2.							excision/Incisional	
							ocedure who have a	
1						1 '	maker in -situ should	
1						1 -	referred externally	
	- 1 - 1 - 1 - 1 - 1 - 1	· · - ·					/	
SECTION B: TO BE COMPLETED BY CLINICIAN LISTING THIS PATIENT								
A ) Have you indicated the site on the anatomical body map?								
B) Has the patient confirmed the marked site and procedure								
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 SURGER								
DERMATOLOGICAL SURGEON SIGNATURE SAMPLE TIME								
☐ 2WW						]	•	
☑ Urgent	KNOW	Then KNOWSEN					→ N S.	
Routine					SAMPLE DATE  B D M M Y Y O 5 2 2.			
SYICK LAB USE ONLY								
BIOHAZARD								
LABEL HE	DATER	DATE RECEIVED			TIME RECEIVED (24 HR)			
LABEL ME	\[ D \ D	) M M Y Y	/	Y H H M M				

## SURGICAL LISTING - ANATOMICAL BODY MAP

## STOW, Mary (Mrs) 01-May-1938

