## SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

| Listing Clinician Dr Fariq Razzaq 14-Jun-2022 131 919           |                                       |   |                                 |  |              | ly.   |  |
|---|---------------------------------------|---|---------------------------------|--|--------------|---|--|
| Surname   | First Name                            | 23-Feb-   | Gender                          | Age  | NHS No       | EMIS No   |  |
| Pokos   | Henrietta                             | 1983  | F                               | 39y  | 712 609 4671 | 136914  |  |
| SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:     |                                       |   |                                 |  |              |   |  |
|   |                                       |   |                                 |  |              |   |  |
| Single Slot 2 weeks Fast track biopsy                           |                                       | <del></del>   | Any clinician (shave/punch/C&C) |  |              |   |  |
| Double Slot 1 month 2-4   |                                       |   |                                 |  |              |   |  |
| 2 months/3months  |                                       |   |                                 | Exc/ Inc biopsy head and neck OR nail biopsy   |              |   |  |
| Suspicious of MM/SCC Yes / No Listing for Specific clinician:   |                                       |   |                                 |  |              |   |  |
|   |                                       |   |                                 |  |              |   |  |
| Specimen  | Procedure (Excisional/Incisional etc) |   | Clinical History                |  |              | PACEMAKER   |  |
| Site  | (Excisionaly incisional etc)          |   |                                 |  |              | (Y/N)   |  |
|   | puna                                  | Bush  | ma                              | ık   | chargen      | 9 (1)   |  |
| Prieto  |                                       | conce May.  |                                 |  |              |   |  |
| occipita  | V I                                   |   |                                 |  |              |   |  |
| Scall   |                                       | " BCC " SCC ausung  |                                 |  |              |   |  |
| 2.  | ,                                     | Bush mark charging<br>schoo may.<br>"! BCC "! SCC arising<br>from Heurs sebaceary |                                 |  |              | Patients requiring                                  |  |
| 1   |                                       | ,   |                                 | •  |              | Excision/incisional                                 |  |
| }   |                                       |   |                                 |  |              | procedure who have a                                |  |
| }   |                                       |   |                                 |  |              | pacemaker in -situ should<br>be referred externally |  |
|   |                                       |   |                                 | ·  |              | be reletted 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      |                                       |   |                                 | ire (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:       |                                       |   |                                 |  |              |   |  |
|   |                                       | <del></del>   | BY OPER                         |  |              |   |  |
| <del>-</del>  | DERMATOLOGICA                         | AL SUKGEUN  |                                 | SIGNA  | ATURE        | SAMPLE TIME   |  |
| ₫ 2WW   |                                       |   |                                 |  |              |   |  |
| ☐ Urgent  | M·WKCKNO                              | ٥   |                                 | <u> </u>                                       | ^            |   |  |
| ☐ Routine   |                                       |   |                                 | SAME   | PLE DATE     | 78822   |  |
| STICK LAB USE ONLY  |                                       |   |                                 |  |              |   |  |
| RIGHAZARA   |                                       |   |                                 |  |              |   |  |
| LABEL HERE DATE RECEIVED  |                                       |   |                                 | TIME RECEIVED (24 HR)                          |              |   |  |
| $\begin{bmatrix} D D M M Y Y Y \end{bmatrix}$                   |                                       |   |                                 | Y Y H H M M                                    |              |   |  |
|   |                                       |   |                                 |  |              |   |  |