

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Tariq Razzaq

16-May-2022

Surname Pester	First Name David	14-May- 1970	Gender M	Age 51y	NHS No 616 213 6175	EMIS No 134256
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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)	Listing for Specific clinician:	

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Rt thigh	Excisional Biopsy	New lesion - 2-3/12 look atypical ? melanoma ? dysplastic. Never	(X)
2.		Mother died of MM + 2 brothers have had MM	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 Have you marked the site of the lesion	Yes

SECTION C: TO BE COMPLETED BY OPERATOR ON DAY OF SURGERY:

DERMATOLOGICAL SURGEON

SIGNATURE

SAMPLE TIME

- ☐ 2WW
- ☐ Urgent
- ☐ Routine

BLACK

H H M M
1 0 0 0

SAMPLE DATE

D D M M Y Y
3 1 0 5 2 2

LAB USE ONLY

DATE RECEIVED

D D M M Y Y Y Y

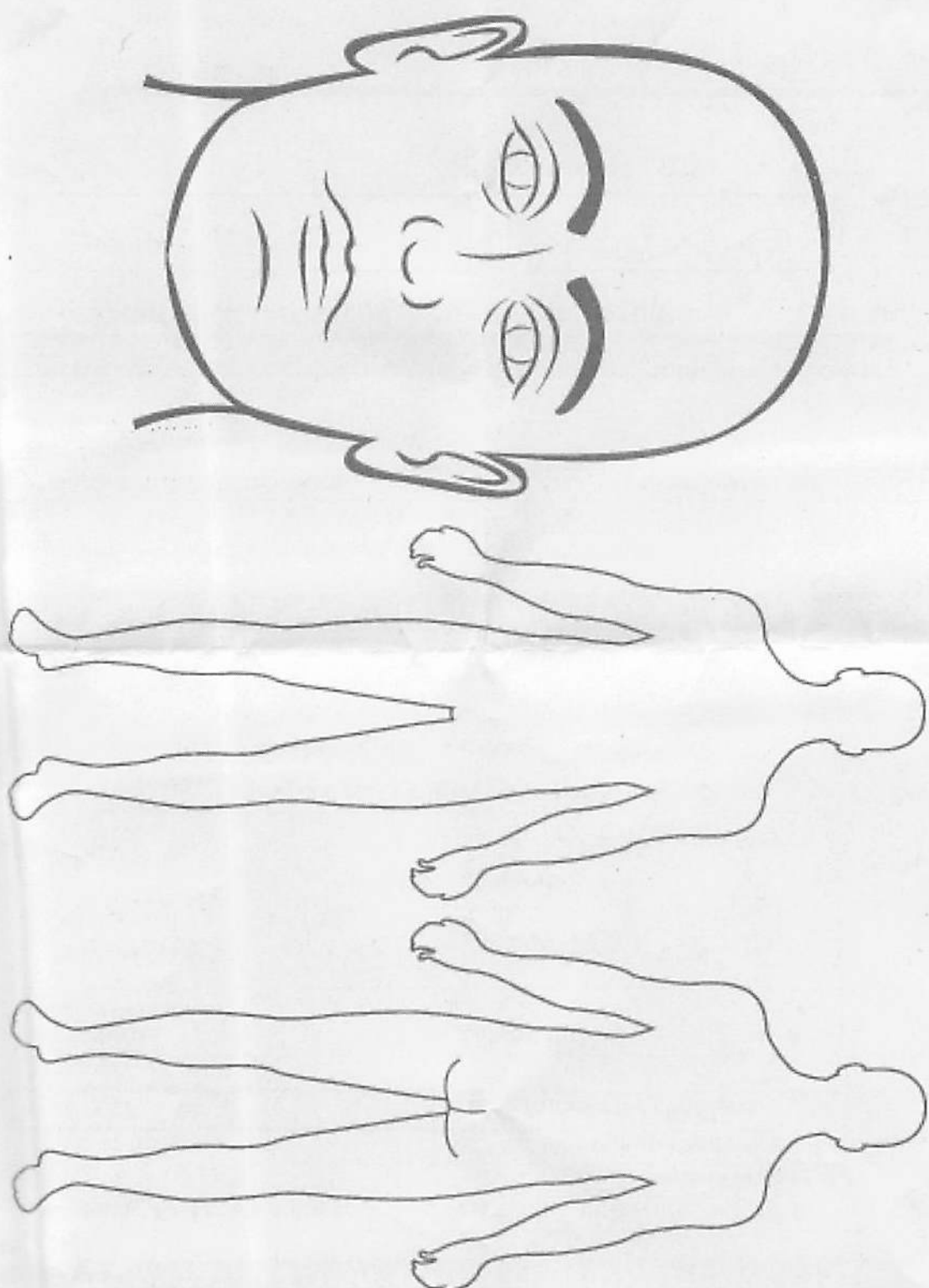
TIME RECEIVED (24 HR)

H H M M

DO NOT WRITE IN THESE SPACES

PESTER, David (Mr) 14-May-1970

SURGICAL LISTING - ANATOMICAL BODY MAP



SURGICAL LISTING - ANATOMICAL BODY MAP

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