## SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM



Listing Clinician Dr Black

06/09/21

		) luce C			0.07	0111
Surname	First Name	25-Dec-	Gender	Age	NHS No	EMIS No
Cockburn	Roger	1959	M	61y	476 167 3710	6542
	SECTION A: TO	BE COMPLET	ED BY C	LINICIA	AN AT TIME OF L	STING:
					1 / 1/000	
Single Slot			Any clinician (shave/punch/C&C)			
Double Slot			Exc/Inc biopsy trunk and limbs			
2 months/3months Suspicious of MM/SCC? Yes / No		No'	Exc. Inc biopsy head and neck OR nail biopsy			
Suspicious of	Listing for Specific clinician: ALI, CONEY, AB					
Specimen	imen Procedure (Excisional/ Incisional etc)		Clinical History		Y	PACEMAKER
Site						(Y/N)
1.		RCC				No conticoods
reft	×				4	10 orucing
reft forered	-	? occurent.				
2.	HMM Engere			302	area	Patients requiring
chest	PR	750				Excision/Incisional
chest	1 ,					procedure who have a pacemaker in -situ should
						be referred externally
						be referred externally
	SECTION B: TO	BE COMPLETE	D BY CL	INICIA	N LISTING THIS P	ATIENT
A ) Have you inc	dicated the site on the	anatomical body	map? Ye	s		
	ent confirmed the mark					
C) Have you pho	otographed the site of t	he lesion	Ye	es/ No / Photographed on patient's own phone		
SAME DAY SURGERY ONLY Yes						
Have you mark	ed the site of the lesio	n				
			NAME OF THE PARTY OF			
	SECTION C: TO BE	COMPLETED	BY OPER	RATOR	ON DAY OF SUR	GERY:
	DERMATOLOGIC	AL SURGEON		SIGNA	ATURE	SAMPLE TIME
2WW						
1 lumant	BLACK			X	3000	H H M M
☐ Urgent					164	0900
Routine				SAME	PLE DATE	D M M Y Y Y 2 2
STICK	LADILICE	NILV	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	make the		APPROVED A SERVICE STREET, THE SERVICES
	LAB USE C	JINLY				
BIOHAZARD DATE RECEIVED			TIME RECEIVED (24 HR)			
LABEL HER	RE DI	DDMMYYYY HHMM				

## SURGICAL LISTING - ANATOMICAL BODY MAP

## COCKBURN, Roger (Mr) 25-Dec-1959

