

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM


Listing Clinician Dr Tim Kingston

25-May-2022

Surname Scarlett	First Name Beatrice	20-Dec- 1929	Gender F	Age 92y	NHS No 440 313 7164	EMIS No 134949
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SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

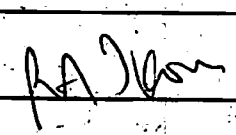
Single Slot	<input checked="" type="checkbox"/> 2 weeks Fast track biopsy	Any clinician (shave/punch/C&C)	<input checked="" type="checkbox"/>
Double Slot	1 month	Exc/Inc biopsy trunk and limbs	
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy	
Suspicious of MM/SCC?	Yes / No	Listing for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

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. 	biopsy excision excision	1.5cm nodule Red ? SCC ? amelanotic melanoma	Not but Rivaroxaban
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?	<input checked="" type="checkbox"/> Yes
B) Has the patient confirmed the marked site and procedure	<input checked="" type="checkbox"/> Yes / No
C) Have you photographed the site of the lesion	<input checked="" type="checkbox"/> 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:

DERMATOLOGICAL SURGEON	SIGNATURE	SAMPLE TIME
<input type="checkbox"/> 2WW		H ₁ H ₅ M ₂ M ₀
<input type="checkbox"/> Urgent		
<input type="checkbox"/> Routine	SAMPLE DATE	D ₀ D ₁ M ₀ M ₆ Y ₂ Y ₂

STICK
BIOHAZARD
LABEL HERE

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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