SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM Listing Clinician Dr Wayne Maxwell 13-May-2022 Surname First Name 04-May-Gender Age NHS No ENTIS No Hardy Terence 1942 M 80<sub>V</sub> 404 272 4167 134201 SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING: Single Slot 2 weeks hast track biopsy Any clinician (shave/punch/C&C) **Double Slot** 1 month Exc/Inc biopsy trunk and limbs SOMUNS 2 months/3months Exc/Inc biopsy head and neck OR nail biopsy Suspicious of MM/SCC? Yes Listing for Specific clinician: Specimen Procedure Clinical History PACEMAKER (Excisional/Incisional etc) Site (Y/N) Smax Smm cutareous hom. 7 lyr. 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 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 2WW BLACE Urgent Routine SAMPLE DATE LAB USE ONLY DATE RECEIVED TIME RECEIVED (24 HR) M