

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr James Byrne

17-Mar-2022

Surname Hattersley	First Name Alison	21-Dec- 1974	Gender F	Age 47y	NHS No 612 156 8453	EMIS No 35578
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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/3 months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC? Yes / <input checked="" type="checkbox"/> No	Listing for Specific clinician:	

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. left breast	Excision	new lesion macule pigment globules seen at periphery ? lentiginous Dyspl. naevus	<input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/>
B) Has the patient confirmed the marked site and procedure	Yes / No <input checked="" type="checkbox"/>
C) Have you photographed the site of the lesion	Yes / No / Photographed on patient's own phone <input checked="" type="checkbox"/>
SAME DAY SURGERY ONLY	Yes <input checked="" type="checkbox"/>
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

☐ Urgent

☐ Routine

BLAC

[Signature]

0 7 30

SAMPLE DATE

0 6 0 6 2 2

LAB USE ONLY

DATE RECEIVED

D D M M Y Y Y Y

TIME RECEIVED (24 HR)

H H M M

STICK BIOHAZARD LABEL HERE