

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr John Lear

18-May-2022

Surname Caulfield	First Name Shelagh	10-Dec- 1953	Gender F	Age 68y	NHS No 452 124 8810	EMIS No 134593
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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)	LEAR
Double Slot	1 month	Exc/Inc biopsy trunk and limbs	LIST
	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. L NOSE	shave biopsy	BCC	N
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
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
☐ Urgent
☐ Routine

BLACK

LEAR

11 00

SAMPLE DATE

30 05 22

LAB USE ONLY

DATE RECEIVED

DD MM YY YY

TIME RECEIVED (24 HR)

HH MM

STICK
BIOHAZARD
LABEL HERE