

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Travelling to sons wedding 8/6/22
in Brazil

Listing Clinician Dr Wayne Maxwell

17-May-2022

Surname Allen	First Name Peter	18-Oct- 1950	Gender M	Age 71y	NHS No 452 897 6544	EMIS No 129052
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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)
Double Slot	1 month	Exc/Inc biopsy trunk and limbs
30 mins	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. Lt lower abdomen	excision biopsy	6mm x 6mm pink ulcerated nodule 2 weeks	N-
2.		ph SCC @ arm 2019. ? KA/SCC	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

Wayne Maxwell

[Signature]

H 1 H 6 M 3 M 0

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

TIME RECEIVED (24 HR)

H H M M