

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Tim Kingston

10-May-2022

Surname Shelmerdine	First Name Pamela	04-Nov- 1954	Gender F	Age 67y	NHS No 452 228 9340	EMIS No 124769
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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 <input checked="" type="checkbox"/>	1 month	Exc/Inc biopsy trunk and limbs
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC? <input checked="" type="checkbox"/> Yes / No	Listing for Specific clinician:	

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. R Sacral Keys	Excise	pigmented plaque FCE exclude melanoma	N
2. R thigh	Excise	Nodule - FCE	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	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	<div style="border: 1px solid black; padding: 5px;">BLAC</div>	<div style="border: 1px solid black; padding: 5px;">H H M M 1 0 0 0</div>
	SAMPLE DATE	<div style="border: 1px solid black; padding: 5px;">D D M M Y Y 0 6 0 6 2 2</div>

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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