

# SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Tim Kingston

17-May-2022

Surname Hutchinson	First Name Geoffrey	04-Sep- 1938	Gender M	Age 83y	NHS No 420 325 3403	EMIS No 125594
-----------------------	------------------------	-----------------	-------------	------------	------------------------	-------------------

## 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
	2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC? Yes / No		Listing for Specific clinician: <u>FALB</u> ✓

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
① Left Pinna mid way on helix <u>Excision</u>	<u>Excision</u>	<u>Aggravated BCC</u> <u>Non-healing</u> <u>? BCC</u>	<u>No</u> <u>but history</u>
② Pinna <u>Excision</u>	<u>Excision</u>	<u>crusted nodule</u> <u>? SCC &gt; BCC</u>	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

BLAC

[Signature]

H H M M  
1 5 0 0

SAMPLE DATE

D D M M Y Y  
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