

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician *Sabi Pitt*

Surname Milligan	First Name Natalie	13-Jun- 1979	Gender F	Age 42y	NHS No 612 781 4510	EMIS No 133880
---------------------	-----------------------	-----------------	-------------	------------	------------------------	-------------------

SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

<input checked="" type="radio"/> Single Slot	<input checked="" type="radio"/> 2 weeks Fast track biopsy	Any clinician (shave/punch/C&C)
<input type="radio"/> Double Slot	<input type="radio"/> 1 month	<input checked="" type="radio"/> Exc/Inc biopsy <input checked="" type="radio"/> trunk and limbs
	<input type="radio"/> 2 months/3months	Exc/ Inc biopsy head and neck OR nail biopsy
Suspicious of MM/SCC? <input checked="" type="radio"/> Yes / <input type="radio"/> No		Listing for Specific clinician:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Mid left abdomen	Excisional Biopsy	Multiple atypical naevi, seen in mole mapping. Mole changed, developed a area of darker pigmented to right upper pole with a small area slightly cloudy. ?Dysplastic ?MM in situ	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?	<input checked="" type="radio"/> Yes
B) Has the patient confirmed the marked site and procedure	<input checked="" type="radio"/> Yes / <input type="radio"/> No
C) Have you photographed the site of the lesion	<input checked="" type="radio"/> Yes / <input type="radio"/> No / Photographed on patient's own phone
SAME DAY SURGERY ONLY Have you marked the site of the lesion	<input checked="" type="radio"/> Yes

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 1 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
D D M M Y Y Y Y

TIME RECEIVED (24 HR)

H H M M
H H M M

STICK
BIOHAZARD
LABEL HERE