SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

List	ing Clinician Dr Tim	othy Kingston	04-M	ay-2022	33.	12920	13/	
Surname	First Name	29-Nov-	Gender	Age	NHS No	19	EMIS No	
Hardy	James	1961	M	60y	452 145 1	349	35926	
	SECTION A: TO	BE COMPLET	ED BY C	LINICIA	AN AT TIN	IE OF LIS	TING:	
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:					
	0							
Specimen Site	Procedure (Excisional/ Incisional etc)		al History			PACEMAKER (Y/N)		
1. Central	Excesa	Fr Sce Farm					\sim	
Jarenea	<u>C</u> ·	/ (00000					
Parete Scala	e FBC	Sel.	Ken	101	1]		Patients requiring Excision/Incisional procedure who have a pacemaker in -situ should be referred externally	
	SECTION B: TO				N LISTING	THIS PA	TIENT	
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 Vest No / Photographed on patient's own phone								
SAME DAY SURGERY ONLY Yes								
Have you marked the site of the lesion								
	SECTION C: TO BE	NAME OF TAXABLE PARTY.	BY OPER	THE RESERVE	ON DAY O	OF SURG	ERY: SAMPLE TIME	
214/14/	22			510147	OIL		JAME THAT	
∐ 2WW	D. AC			X		70	н н м м	
Urgent	BLACE	·• ,		X	- 60	2	1150	
Routine				SAME	PLE DATE	3	D M M Y Y	
STICK	LAB USE O	MIN	no temporal limits		War States			
		JINLT						
BIOHAZARD DATE RECEIVED TIME RECEIVED (24 HR)								
LABELHE	RE D	DDMMYYYY HHMM						
					8			