

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Jo Harris

04-May-2022

not sent 1/6 13.3.

Surname Clark	First Name David	27-Feb- 1953	Gender M	Age 69y	NHS No 454 505 9627	EMIS No 35889
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SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING:

Single Slot <input checked="" type="checkbox"/>	2 weeks Fast track biopsy <input checked="" type="checkbox"/>	Any clinician (shave/punch/C&C)
Double Slot	1 month	Exc/Inc biopsy trunk and limbs <input checked="" type="checkbox"/>
	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. Rt Upper Back	SHAVE. Excision please.	changing pigmented lesion Dermoscopy - milium like cysts, same areas in keeping with Seb. k. but eccentric pigmentation	N
2.		Some peripheral globules - 10mm	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 Have you marked the site of the lesion	Yes

SECTION C: TO BE COMPLETED BY OPERATOR ON DAY OF SURGERY:

DERMATOLOGICAL SURGEON

SIGNATURE

SAMPLE TIME

☐ 2WW

☒ Urgent

☐ Routine

Signature of Dermatological Surgeon

Signature of Operator

Time: 11:40

SAMPLE DATE

Date: 04 06 22

LAB USE ONLY

DATE RECEIVED

DDMMYYYY

TIME RECEIVED (24 HR)

HHMM

STICK
BIOHAZARD
LABEL HERE

SURGICAL LISTING - ANATOMICAL BODY MAP

CLARK, David (Mr) 27-Feb-1953

