

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Wayne Maxwell

26-Nov-2021

Surname Mitchell	First Name Anthony	09-Sep- 1939	Gender M	Age 82y	NHS No 420 332 7164	EMIS No 8965
---------------------	-----------------------	-----------------	-------------	------------	------------------------	-----------------

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:

Specimen Site	Procedure (Excisional/ Incisional etc)	Clinical History	PACEMAKER (Y/N)
1. Rt cheek	punch biopsy	6mm x 6mm indurated, depressed lesion Rt. cheek. 6w.	N
2.		? infiltrative BCC.	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

* Newton

K HOWZEN.

H / H M M
1 0 0 0

SAMPLE DATE

D D M M Y Y
0 1 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 MSTICK
BIOHAZARD
LABEL HERE