

SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM

Listing Clinician Dr Wayne Maxwell

27-May-2022

Surname Youd	First Name Gail	28-Oct-1951	Gender F	Age 70y	NHS No 460 613 9153	EMIS No 135166
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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
30 mins	2 months/3 months	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 Nasal bridge	Shave biopsy	8mm x 8mm scaly Nodule. 3 weeks hair pin vessels	N.
2.		KA/SCC type lesion	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 <input type="checkbox"/> 2WW <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	SIGNATURE <div style="border: 1px solid black; height: 40px; margin-top: 10px; text-align: center; font-size: 2em;">W</div>	SAMPLE TIME <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 5px;"> HMMM </div>
SAMPLE DATE <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 5px;"> DDMMYY </div>		<div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 5px;"> 010622 </div>

**STICK
BIOHAZARD
LABEL HERE**

LAB USE ONLY

DATE RECEIVED

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TIME RECEIVED (24 HR)

H	H	M	M
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