* to be boused in 2-3 wells from 18/5/12 as per FA conscieration. A. SURGICAL LISTING & HISTOPATHOLOGY REQUEST FORM DOE 8/6 Listing Clinician Dr Faisal Ali 18-May-2022 04-Jun-Gender Age NHS No **EMIS No** Surname First Name 127846 1957 F 64_V 450 122 9330 Cordwell Diane SECTION A: TO BE COMPLETED BY CLINICIAN AT TIME OF LISTING: Any clinician (shave/punch/C&C) **Single Slot** 2 weeks Fast track biopsy Exc/Inc biopsy trunk and limbs **Double Slot** 1 month Exc/ Inc biopsy head and neck OR nail biopsy 2 months/3months Listing for Specific clinician: Suspicious of MM/SCC? Yes / No PACEMAKER Specimen **Clinical History** Procedure (Excisional/Incisional etc) (Y/N)Site 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 SAMPLE DATE STICK LAB USE ONLY BIOHAZARD DATE RECEIVED TIME RECEIVED (24 HR) LABEL HERE M M M