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|---|--|--|--|---|--|------------------------|--|
| Tick Here if Private Patient | | Urgent – Date Required | | Referred Under Cancer Target | | | |
| LOCATION SKIN SERVICE (SKIN) One Life Building 3 rd Floor Middlesbrough TS1 3QY Tel: 01642 944741 | | Dr Buckley (BUCC) <input type="checkbox"/> Dr Cunliffe (CUNLT) <input type="checkbox"/> Dr Goddard (GODN) <input type="checkbox"/> Dr Derry (DERT) <input type="checkbox"/> Dr P Kamali (KAMPE) <input type="checkbox"/> | | Please tick here if this is an INFLAMMATORY SKIN for reporting by skin team <input type="checkbox"/> | | | |
| EXTRA REPORT COPIES TO: PATIENT DETAILS NHS NO:HOSPITAL NO: SURNAME: FIRST NAME: ADDRESS: DOB: SEX: | | | | | | | |
| NATURE & SOURCE OF SPECIMEN | | | | | | DATE/TIME TAKEN | |
| PREVIOUS HIST/CYT REFERENCES | | | | | | | |
| CLINICAL DETAILS Closure: Direct Flap or Graft Shave Punch 2° Intent (circle) | | AUDIT INTERNAL USE ONLY Reporting Pathologist <input type="text"/> Band <input type="text"/> Banded by <input type="text"/> Request entry <input type="text"/> Dissector Date: <input type="text"/> Dissection Assistant <input type="text"/> Request Update <input type="text"/> A&C Update <input type="text"/> Processor <input type="text"/> Embedding Station <input type="text"/> Embeddor Date: <input type="text"/> Block Check <input type="text"/> Digital QC <input type="text"/> | | | | | |
| PRINT NAME OF OPERATING SURGEON REQUESTOR'S SIGNATURE | | | | | | | |