

8366 2000 all hours

Surgical Audit

PATIENT SURNAME	GIVEN NAME(S)	SEX	DATE OF BIRTH	YOUR REFERENCE
PATIENT ADDRESS		POSTCODE	TEL (HOME)	TEL (BUS / MOBILE)

BODY REGION <small>SEE KEY OVER PAGE</small>	SPECIMEN SITE - FREE TEXT <small>WRITE SPECIFIC SPECIMEN LOCATION (E.G. L CHEEK)</small>	NEW LESION? <input checked="" type="checkbox"/> IF YES <small>NO PRIOR HISTO PERFORMED</small>	PROVISIONAL DIAGNOSIS (PD) OR PAST BIOPSY RESULT <small>SEE KEY OVER PAGE</small>	EXCLUDE MELANOMA?‡ <input checked="" type="checkbox"/> IF TESTING TO EXCLUDE MELANOMA OR NMSC	EXCLUDE NMSC?†	CURRENT BIOPSY TYPE* <small>SEE KEY OVER PAGE</small>	CURRENT SURGICAL MANAGEMENT <small>SEE KEY OVER PAGE</small>	DERMATOSCOPY <input checked="" type="checkbox"/> IF YES
1								
2								

CLINICAL NOTES

RECORD ADDITIONAL LESION DATA ON REVERSE

If Rule 3 Exemption

EMERGENCY <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> BY TIME:	PRACTITIONER'S SIGNATURE AND REQUEST DATE 	HISTO	OTHER
PHONE/FAX No.:			
PRIVATE <input type="checkbox"/> SCHEDULE <input type="checkbox"/> MEDICARE <input type="checkbox"/>			

VETAFFAIRS/WORK COMP No.:

COPY REPORTS TO: _____ REFERRING PRACTITIONER (PROVIDER NUMBER, NAME, ADDRESS) _____

COLLECTION	
LOCATION	INITIALS
C D N H DR	
DATE	TIME

HOSPITAL / WARD _____

Practitioner's Use Only (Reason for Patient unable to sign) Self Determined

PATIENT'S SIGNATURE AND DATE

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Specimen/s checked by Patient Initial.....

I certify that I collected these samples from the named patient as per company protocol and I labelled the samples immediately.

Signed.....

21 James Congdon Drive, Mile End SA 5031 AUSTRALIA ABN 17 008 204 251 | Sonic Healthcare Limited A.P.A. ABN 24 004 196 909 14 Giffnock Avenue, Macquarie Park NSW 2113

- Please ensure both patient name and date of birth are complete prior to removing label.
- Remove label and attach to specimens.
- If more than three specimens, please record patient details directly on additional containers.

Surgical Audit

Please complete additional information on reverse side of this request form

DATE	TIME	AM	SEX
COLLECTED			PM M/F
NAME			
D.O.B.			

PULL

DATE	TIME	AM	SEX
COLLECTED			PM M/F
NAME			
D.O.B.			

PULL

DATE	TIME	AM	SEX
COLLECTED			PM M/F
NAME			
D.O.B.			

PULL

PLEASE DO NOT USE LABELS ON GLASS SLIDES - BEND TO REMOVE LABEL

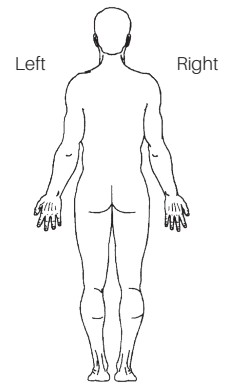
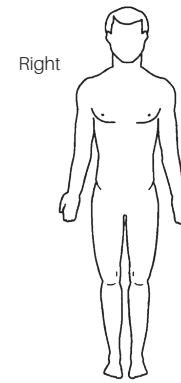
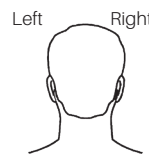
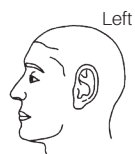
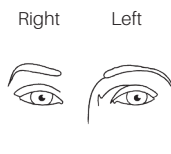
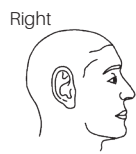
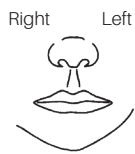
PATIENT SURNAME	SEX	DATE OF BIRTH	YOUR REFERENCE
PATIENT ADDRESS	POSTCODE	TEL (HOME)	TEL (BUS / MOBILE)

TESTS REQUESTED

PATIENT COPY

Your doctor has recommended that you use Clinpath Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

BODY REGION <small>SEE KEY OVER PAGE</small>	SPECIMEN SITE - FREE TEXT <small>WRITE SPECIFIC SPECIMEN LOCATION (E.G. L CHEEK)</small>	NEW LESION?	PROVISIONAL DIAGNOSIS (PD) OR PAST BIOPSY RESULT	EXCLUDE MELANOMA?‡	EXCLUDE NMSC?†	CURRENT BIOPSY TYPE*	CURRENT SURGICAL MANAGEMENT	DERMATOSCOPY
		<small>✓ IF YES NO PRIOR HISTO PERFORMED</small>	<small>SEE KEY OVER PAGE</small>	<small>✓ IF TESTING TO EXCLUDE MELANOMA OR NMSC</small>		<small>SEE KEY OVER PAGE</small>	<small>SEE KEY OVER PAGE</small>	<small>✓ IF YES</small>
3								
4								
5								
6								
7								
8								



BACKING CLEAR AREA FOR DIECUTTING

Key - Please note marking on diagrams cannot be used for surgical audit purposes. Please complete the grid above.

Body region

- Abdomen
- Arm
- Back
- Buttock
- Chest
- Ear
- Eyelid
- Finger
- Finger palmar
- Foot
- Foot plantar
- Forearm (elbow and below)
- Genitalia
- Hand
- Hand palmar
- Leg (knee and below)
- Lip
- Neck
- Nose
- Other face
- Scalp
- Shoulder
- Thigh
- Toe
- Toe plantar

Provisional diagnosis (PD) or past biopsy result

- AK Actinic keratosis/solar keratosis
- BCC Basal cell carcinoma
- B Cyst Benign cyst
- DF Dermatofibroma
- IEC IEC/Bowen's disease
- KA Keratoacanthoma
- LPLK Lichen planus-like keratosis
- MCC Merkel cell carcinoma
- OB Other benign
- OM Other malignant
- SCC Squamous cell carcinoma
- SebK Seborrheic keratosis
- SGH Sebaceous gland hyperplasia
- SK Solar keratosis
- SL Solar lentigo
- HMF Hutchinson's melanotic freckle
- MMinv Melanoma: Invasive
- MMis Melanoma: In situ
- MMmet Melanoma: Metastasis
- BN Naevus: Blue
- DN Naevus: Dysplastic
- N Naevus: Banal
- SN Naevus: Spitz

Current biopsy type

*margins are not reported

- C Curettage
- Ex Excisional
- I Incisional
- PS Punch sample
- PR Punch removal
- SS Shave sample
- SR Shave removal
- O Other

Current surgical management

(margins reported when applicable)

- E Ellipse
- F Flap
- SSG Graft: SSG
- FTG Graft: FTG
- NC No closure
- SxEx Shave/saucerisation
- CxCx Curettage and cautery
- O Other (incl. MOHs)

Notes:

- **Provisional diagnosis (PD):** required to include new lesions in the PD report.
- **Exclude melanoma/NMSC:**
‡tick box if testing to exclude melanoma
†tick box if testing to exclude NMSC
These lesions are included in the **Number Needed to Treat (NNT)** calculations on your report.
- **Biopsy OR Surgical Management:** only enter one (if there is an entry in both, the Surgical Management will be used).
- **MOHs:** record "MOHs" with specimen site (e.g. L cheek MOHs) - Current surgical management = O (other)