



Invasive procedure

# Dermatology BIOPSY



Patient's name .....

DOB DD MM YYYY MRN ..... Date DD MM YYYY

## SIGN IN and TIME OUT BEFORE PROCEDURE

Team members introduced by name and role to patient? Yes

### Patient's details

Patient stated name, DOB, MRN/address? Yes

Site of surgery confirmed (refer to guidelines)? Yes

Consent form signed (no abbreviations)? Yes

Allergy present? No  Yes

Allergy: .....

### Patient checks

On anticoagulants? No  Yes

Has implantable cardioverter defibrillator (ICD),  
pacemaker or other electronic device? No  Yes

Is immunosuppressed?  
(eg diabetes/transplant/on oral steroids) No  Yes

Infection risk to staff? No  Yes

Pregnancy status checked?  
(if aged 12-55) Yes  N/A

### Registered practitioner completing SIGN IN and TIME OUT

Name (PRINT) ..... Signature .....

## SIGN OUT AFTER PROCEDURE

Specimens correctly labelled? Yes

Histology requested? No  Yes

All sharps and invasive equipment accounted for? Yes

Equipment issues/concerns? No  Yes

Surgery log book completed? Yes

### Final reminders

Antibiotic prophylaxis considered? Yes

Wound care advice and leaflet provided? Yes

Operation note completed? Yes

### Registered practitioner completing SIGN OUT

Name (PRINT) ..... Signature .....