

REQUEST FOR DISCUSSION AT SKIN MDT MEETING

DATE OF MDT: _____ TIME: _____

PLEASE NOTE: Consultants submitting a case for discussion **MUST** attend MDT meetings or delegate someone to discuss the case on their behalf

PATIENT DETAILS

SURNAME	
FORENAME	
DOB	
HOSPITAL NUMBER	
ADDRESS	

REFERRER DETAILS

REFERRING CONSULTANT

CLINICAL DETAILS

WHAT IS THE CLINICAL QUERY:

SPECIFIC SPECIMEN/EPISODE?

RADIOLOGY INFORMATION

DATE

HOSPITAL

MRN

IMAGING PERFORMED:
(XRAY,CT,MRI ETC)

HISTOLOGY INFORMATION

REPORTING HOSPITAL

SPECIMEN NUMBER

DATE REPORTED

REPORTING CONSULTANT

MEDICAL HISTORY

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PHOTO ATTACHED:

Yes

No

OUTCOME DETAILS (for completion during MDT)

DIAGNOSIS

TREATMENT (Tick ALL Appropriate)

Wide local excision (Derm)

Wide local excision (Plastics)

Sentinel Lymph Node Bx

Radiology surveillance

Radiation oncology referral

Oncology referral

Clinical follow up

NOTES

SIGNED: _____ **ROLE:** _____

- ∞ Bon Secours MDT will take place on the **2nd Thursday** of each month at 8.00am in the Bon Secours Hospital Glasnevin.
- ∞ Submissions must be received no later than 7 full days before the meeting i.e a full week prior.
- ∞ Emergency cases may be accepted on a case by case basis
- ∞ Submission form can be downloaded from Bons website (under Derm documents)
- ∞ Zoom dial in will be available for those unable to attend in person. Link will be sent out a 2 days prior to the meeting.
- ∞ Forms should be emailed to skinmdt@bonsecours.ie
- ∞ Forms will only be accepted if they are completed IN FULL with all criteria met
- ∞ Please do not submit a case unless you are attending, or can confirm a candidate to discuss this case for you. If you do not attend, your case will not be discussed.
- ∞ Queries should be sent to the above email address