



Wirral Clinical Commissioning Group

Please note that Wirral CCG reserve the right to request evidence of the below at anytime to support quarterly claim

Practice Name

Minor Surgery	<input type="text"/>	Joint Injections	<input type="text"/>	Both	<input type="text"/>
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Date

This form will need to be completed on a quarterly basis.

Histology	Have histological examinations been requested for all procedures?	Yes <input type="text"/>	<input type="text"/>
		No <input type="text"/>	<input type="text"/>
		If No Please specify (NO patient identifiable information):	
Histology	Has information about the site of excision and provisional diagnosis been provided on each request form?	Yes <input type="text"/>	<input type="text"/>
		No <input type="text"/>	<input type="text"/>
		If No Please specify (NO patient identifiable information):	
Histology	Please state any unexpected or incomplete excisions of basal cell tumours or pigmental lesions which following histology are found to be malignant	Total Unexpected <input type="text"/>	<input type="text"/>
		Total incomplete excisions <input type="text"/>	<input type="text"/>
		Please detail cases (NO patient identifiable information):	
Rates of infection	Please state the quantity of post operative related infections	Total <input type="text"/>	<input type="text"/>
		Please detail cases (NO patient identifiable information):	