

GUIDELINES FOR MOHS REPORTING

ACD accredited Mohs surgeons are encouraged to develop a process whereby they may generate a Mohs Surgery and Pathology report, easily understood by non Mohs surgeons, when requested by related parties in the interest of facilitating patient care and medicolegal processes. Suggestions regarding the data to be collected for inclusion in such reports may include, but are not restricted to:

1	Date and location of operation
2	Patient Identifiers
3	Mohs Surgeon +/- assistant identifiers and qualifications
4	Headline tumour diagnosis - clinical vs biopsy proven; site and clinical size
5	Related factors indicating need for Mohs surgery: <ul style="list-style-type: none"> • tumour subtype • treatment resistance/recurrence • prior investigations • patient factors • referring doctor/patient preference
6	Headline pathology observed during Mohs surgery, including if clear on the first stage.
7	When malignancy observed: <ul style="list-style-type: none"> • tumour subtype • involvement or not of adjacent structures (nerves, vessels, lymphatics) and • depth of invasion (epidermal, dermal, sub cut fat, muscle, cartilage)
8	Other notable findings - ie inflammation, scarring, premalignant changes, radiation damage, slide artefacts etc
9	Further investigations if arranged; including sending of block for paraffin sections +/- special stains with an external pathologist
10	Stages +/- duration of procedure
11	Final defect size (diameter +/- indication of depth)
12	Closure technique
13	Onward referrals - and if so, for what - ie closure, adjuvant therapy, further work up.

The Mohs surgeon may elect to include photographs as part of their operative record and/or report.