

**SURGICAL REMOVAL OF LIPOMATA
- PRIOR APPROVAL FORM**

Please ensure **all sections** are completed and **any requested supporting information** is provided to ensure a prompt decision. Unless the patient fully meets the criteria, funding will not be approved unless there are exceptional reasons.

PART A – MUST BE COMPLETED FOR ALL REQUESTS

GP/CONSULTANT DETAILS			
Name:		GP Practice Code:	
Address:		Trust:	
Preferred Contact (Email) - Only NHS.NET addresses are acceptable:	@nhs.net		
PATIENT'S DETAILS			
NHS No:		MRN (if applicable):	
Date of Birth:			

Requesting clinician – please confirm the following

Patient Consent: The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the ICB.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have informed the patient that this intervention will only be funded where the criteria are met.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I confirm that I have reviewed the patient against the commissioning criteria and that the information provided within this application is accurate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PART B – MUST BE COMPLETED FOR ALL REQUESTS

ACCESS CRITERIA		
Lipomata		
Obvious/proven lipoma that is large (>5cms) on the body or in a particularly difficult site e.g. sub-facial position (Please provide further information)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OR The lipoma is causing continuous pressure symptoms in the course of daily activities such that there is functional impairment of daily life (details of the impact on daily activities to be included in the prior approval application -See Note)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: Significant functional impairment is defined by the ICB as:

- Symptoms prevent the patient fulfilling vital work or educational responsibilities
- Symptoms prevent the patient carrying out vital domestic or carer activities
- Please provide details of the size of the lipomata

Biopsies
Biopsies are not covered by this policy and may be undertaken as required at the discretion of the managing clinician.

Please provide evidence below to support the information provided. Without evidence your application may be rejected. If you prefer you can attach supporting information, such as a clinic letter, rather than completing the box below.

Supporting information:

FOR ASYMPTOMATIC SKIN LESIONS PLEASE USE THE IFR FORM

How to complete:

- Add GP/Consultant details
- Add Patient details
- Tick to answer yes or no to criteria listed under the procedure being requested
- Provide supporting information to evidence assessment in the free text area or attach supporting information such as clinic letter
- Email form to glicb.ifr@nhs.net
- Response will be sent from Gloucestershire ICB to preferred contact for reply within a maximum of 10 working days.