Do not cut any HN specimens unless you are fully oriented anatomically

- Orient by anatomic structures (oral tongue, junction of buccal/gingival mucosa, alveolar ridge, angle of jaw, hard palate, etc)
- For mandibulectomies/maxillectomies, please ask for help if unsure
- Ink resection margins
- Describe all abnormalities: size (staging cutoffs: 2 cm, 4 cm), location, extent, depth (staging cutoffs: 0.5 cm, 1 cm), distance to margins
- Sample all margins (if grossly close, e.g. 1 cm, submit perpendicular section; otherwise submit a shave of the margin closest to tumor)
- Sample tumor:
  - Show relationship to peripheral/deep margins
  - Show maximum depth of invasion
- Specimens containing mandible or maxilla:
  - Bone margins
  - Sections of bone adjacent to tumor or gross involvement of bone
- Diagrams and gross photos are appreciated

**Specimen Type:** GLOSSECTOMY (total/partial)

**Gross Template:**
Labeled with the patient’s name (last name, first name), medical record number (#), designated “***”, and received [fresh/in formalin] is a [partial/total] glossectomy measuring *** x *** x *** cm. [Describe orientation provided]. The mucosa is remarkable for [describe lesion – location, size, distance from margins]. Sectioning reveals the lesion has a [describe cut surface of lesion] and *** cm maximum thickness. The lesion measures *** cm from the deep resection margin [indicate extent of lesion].

The remaining mucosal surface is [smooth, pink, glistening, unremarkable]. Representative sections are submitted [describe cassette submission].

**Cassette Submission:** 8-10 cassettes
- Sample all margins
- One cassette per 1 cm of lesion
  - Show maximum depth of invasion
  - Show relationship to peripheral/deep margins
- One cassette of unremarkable tissue