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:** LARYNX BIOPSY

**Gross Template:** Labeled with the patient’s name (last name, first name), medical record number (#), designated “[ ]”, and received [fresh/in formalin] are multiple [color, consistency] pieces of tissue measuring [___ x ___ x ___] cm in aggregate and ranging from [___] cm to [___] cm in greatest dimension. The specimen is entirely submitted [describe cassette summary].

**Cassette Submission:** All tissue submitted

- Proper embedding for vertical sectioning through the mucosal surface is critical for the determination of early stromal invasion. To achieve this, instruction should be given to the histotechnologist for proper embedding. If the mucosal surface can be identified, instruct the histotechnologist to cut on edge. If the specimen is greater than 4 mm, bisect the specimen perpendicular to mucosal surface.
- Any head and neck biopsy smaller than 4 mm, request three separate slides with serial cuts up front. Subsequent recuts may lose diagnostic tissue.