RUSH CASES:
For all RUSH cases, the dermpath fellows AND the skin service resident should be notified via email about the case.

**Specimen Type:** MOH’S MARGIN RE-EXCISION

**Gross Template:**
Labeled with the patient’s name (**), medical record number (**), designated “***”, and received [fresh/in formalin] is an [oriented/unoriented] skin excision measuring *** x *** cm, and is excised to a depth of *** cm. [Describe orientation if provided]. The epidermis [Describe any lesions – including size, type, borders, color, shape, distance to all margins]. The specimen is entirely submitted, unsectioned in [describe cassette submission].

INK KEY (if unoriented):
Red- deep (for embedding orientation)

**Cassette Submission:** All tissue submitted
- Do NOT section, ink deep & peripheral margin red and place skin up in cassette
- If the tissue is too thick, consult with a pathologist
- Add embedding case flag for histology

**Sample Gross Descriptions:**
Labeled with the patient’s name, medical record number, designated "right upper back, 12-3 o'clock", and received in formalin is an oriented semilunar-shaped hair-bearing skin excision specimen with a black suture at 12 o'clock. The specimen measures 2.2 (12-3 o'clock) x 0.5 cm, and is excised to the depth of 0.2 cm. The epidermis is pink-tan, hair bearing and grossly unremarkable. The specimen is entirely submitted, unsectioned, for Mohs processing.

INK KEY (if oriented):
Blue - 12 o'clock
Green - 3 o'clock
Red- deep (for embedding orientation)
Labeled with the patient's name, medical record number and "right medial shin, stage 2 excision" is an un-oriented elliptically-shaped hair-bearing skin excision specimen measuring 3.0 cm long x 0.4 cm wide. The specimen is excised to a maximum depth of 0.2 cm. The new margin is differentially inked with blue and green surgical ink with no provided orientation. The epidermal surface is pink-tan and grossly unremarkable. A definitive lesion or mass is not grossly identified. The specimen is entirely submitted, un-sectioned, for Moh’s processing.

INK KEY:
Blue – one half of new margin
Green – opposite half of new margin
Red- deep (for embedding orientation)

Notes:
- The new margin (red) is often more smooth than the old margin (black arrow).

- The old margin may look slightly ulcerated or jagged. If orientation is ever unclear consult with another PA or Dermatopathologist before proceeding.

- These specimens may come from the clinic pre-inked. If so, indicate this in the gross (even though we may not have been provided with the color designations) and do not change the color of the ink!

- If the specimen is large, as in the photo below, and the margin will be difficult for histology to embed in one plane→ grosser may cut the specimen in half (dashed line) and place each half into a separate cassette. The grosser MUST indicate what portion is in which cassette if the specimen is orientated and ensure they are inking the entire peripheral margin!