**Gynecologic Pathology Grossing Guidelines**

**Specimen Type:** SALPINGO-OOPHRECTOMY (neoplasm/cysts)

**Gross Template:**
Labeled with the patient’s name (***), medical record number (***), designated “***”, and received [fresh/in formalin] is a [disrupted/intact] *** gram salpingo-oophrectomy. The ovary measures *** x *** x *** cm. The fallopian tube measures *** cm in length x *** cm in diameter. Fimbriae are [present/absent].

The ovary is [partially, entirely] replaced by a [solid, cystic-unilocular, multilocular-give range and overall size of locules] mass. The mass is approximately [%] solid and [%] cystic. [Cystic component- internal cyst lining, cyst contents, cyst wall thickness]. [Solid component- color, consistent, configuration]. [Describe necrosis, hemorrhage, and calcification].

Residual ovarian parenchyma [is/is not] identified [describe if identified]. [Describe fallopian tube if present]. Representative sections are submitted [describe cassette submission].

**Cassette Submission:** 10-12 cassettes
- One section for each 1 cm of maximum tumor diameter (For mucinous neoplasms, submit 2 sections for each 1 cm of maximum tumor diameter).
- With cystic lesions, section solid or papillary growths on inside and outside of the cyst wall.
- Section of solid tumor at capsular surface.
- Include sections demonstrating relationship of tumor to attached structures and sections of uninvolved ovarian tissue.
- For suspected or confirmed high-grade serous carcinoma, in which no lesion is grossly identified, submit entire fallopian tube using SEE-FIM protocol, see sectioning diagram below:
  - Amputate and longitudinally section the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae.
  - The isthmus and ampulla are cut transversely at 0.2-0.3 cm intervals.
  - In the gross description, mention in the summary of section that the fallopian tube has been submitted in its entirety using the SEE-FIM protocol.
Figure 1. Protocol for Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) of the Fallopian Tube. This protocol entails amputation and longitudinal sectioning of the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae. The isthmus and ampulla are cut transversely at 2- to 3-mm intervals. From Crum et al. Copyright © 2007 Lippincott Williams & Wilkins. Reproduced with permission.