DERMATOPATHOLOGY GROSSING GUIDELINES

QI Project Protocol:
- Process margins separately as RUSH
  - For larger excisions which require consulting with attending still
    RUSH en face sampled margins or any margin sampled
- Use a case flag for cases that a HN surgeon performs the skin excision

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

Specimen Type: SKIN EXCISION

Gross Template:
Labeled with the patient’s name (**), medical record number (**), designated “***”, and
received [fresh/in formalin] is an [oriented/unoriented] skin ellipse measuring *** x ***
cm, 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 serially sectioned to reveal [describe depth of invasion]. [Describe
remaining cut surface and presence of satellite lesions]. The specimen is entirely
submitted in [describe cassette submission].

INK KEY (if oriented):
- Blue- 12-3 o’clock
- Red- 3-6 o’clock
- Green- 6-9 o’clock
- Orange- 9-12 o’clock
- Deep -Purple

INK KEY (if unoriented):
- Green- resection margin

Cassette Submission: All tissue submitted
- If oriented-submit tips in separate cassettes. Up to 3 central
  sections can be submitted in the remaining cassettes
- If unoriented-both tips can go in the same cassette

Sample Cassette Submission:
Oriented
A1  12 o’clock tip
A2-A4 Central sections, submitted from 12 to 6 o’clock
A5  6 o’clock tip

Unoriented
A1  Tips
A2-A4 Central sections, submitted from 12 to 6 o’clock