NOTE: If there are any uncertainties, or clarification is needed, consult with the attending pathologist. These cases require a low-threshold to discuss and/or show the specimen to the attending pathologist.

NOTE: Document in your cassette summary which cassettes (for each specimen part) are submitted for decal
- Ex: Representative sections are submitted (A1, A3; B2-B4; C3-C4 following decalcification).
- Ex: Representative sections are submitted:
  - A1- bone (decal)
  - A2- skin resection margin, perpendicular
  - B2- tibia shave (decal)

Note: For Pediatric nodal and extranodal neoplasms, review the Pediatric Grossing Guidelines

**Specimen Type:** RESECTION  
**Gross Template:**  
Labeled with the patient’s name (***), medical record number (**), designated “***”, and received [fresh/in formalin] is a [tan-yellow, lobulated, soft, fragmented] mass measuring *** x *** x *** cm. [An overlying skin ellipse is present measuring *** x *** x *** cm. [Describe orientation if provided].

The specimen is sectioned to reveal [describe lesion/location/extent/vascular involvement/distance from each margin/extension into adjacent structures/necrosis %/appearance/borders]. [Note presence of infiltration of adjacent tissue by tumor and of vascular invasion by tumor]. The remaining cut surfaces are [describe remaining tissue]. The adjacent tissue is dissected through for lymph nodes. [Number] lymph nodes are identified. Representative sections are submitted [describe cassette submission].

**Ink key:**  
Consult with attending to determine if ink is necessary. Ink in such a way as to preserve anatomic relationships in vivo, which may have changed with the resection procedure, to avoid false positive margins.

**Cassette Submission:** 15-20 cassettes
- Submit one section per 1 cm of mass/lesion  
  - Show relationship to all margins  
  - Show relationship to adjacent structures  
  - Show relationship to overlying skin (if present)  
  - Show zones of filtration  
  - Submit all lymph nodes (if present)  
- Note: Submit a sample of tumor for E.M. and cytogenetics as appropriate.