

## **GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES**

**Specimen Type:** HEMORRHOIDECTOMY (Including PPH)

**Gross Template:**

Labeled with the patient's name (\*\*), medical record number (\*\*), designated \*\*, and received [*fresh/in formalin*] is a hemorrhoidectomy measuring \*\* x \*\* x \*\* cm. The mucosa is [*unremarkable, describe lesions if present*]. Sectioning reveals [*red-brown, hemorrhagic/dilated/thrombosed vessels*]. Representative sections are submitted.

**Cassette Submission:** 1 cassette

- Representative section(s)