

DERMATOPATHOLOGY GROSSING GUIDELINES

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 PUNCH BIOPSY FOR ALOPECIA

Gross Template:

Labeled with the patient's name (I***), medical record number (**), designated "****", and received [fresh/in formalin] is a *** cm in length x *** cm in diameter skin punch biopsy. The epidermis [*describe color, presence/absence of hair, and lesions-including size, borders, shape, distance to peripheral margin*]. The specimen is entirely submitted in [*describe cassette submission*].

Cassette Submission: All tissue submitted

- Alopecia- often receive two cores in separate containers
 - NOTE:
 - 1 punch bx is cut horizontally/transversely- order 5 deepers
 - Ink cut surface **red** and **add a case note** for histology to embed inked surface down (Alopecia)
 - 1 punch bx is cut vertically- order 2 deepers and PAS stain
 - Ink cut surface **red** and **add a case note** for histology to embed inked surface down (Alopecia)

- If only one core is submitted, use the **Hovert Method** (below) and **add a case note** for histology indicating this method was used otherwise they will not know how to process the tissue. Please ask for assistance if needed prior to grossing.

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HoVert Method (used for Alopecia cases in which ONE punch is submitted):

1. Transect the punch biopsy 1mm below the epidermis.
2. Ink the cut surface of the lower portion.
3. Further section the lower portion (dermis and fat) horizontally. Ink the new cut surface of the deepest portion.
 - Please use your judgement to determine if further sectioning of this lower portion is possible (*for example: If the punch only measures 3mm in depth, do not section. If the punch measures 6mm in depth, further section*).
4. Further section the upper portion (epidermis) vertically. Ink the cut surfaces.
5. Insert a **Task Flag- “Alopecia- HoVert Method (vertical section)”** and **“Alopecia- HoVert Method (horizontal section)”** to inform histology staff of this procedure as this is something they were trained to look out for.
6. The vertically sectioned upper portion will be submitted in one cassette.
7. The horizontally sectioned lower portion(s) will be submitted together in a separate cassette.

