**Specimen Type:** TOTAL HYSTERECTOMY (for CERVICAL tumor)

**Gross Template:**
Labeled with the patient’s name (**), medical record number (**), designated “***”, and received [fresh/in formalin] is a *** gram [intact/previously incised/disrupted] [total/supravcervical hysterectomy/total hysterectomy and bilateral salpingectomy, hysterectomy and bilateral salpingo-oophrectomy]. The uterus weighs [***grams] and measures [***cm (cornu-cornu) x *** cm (fundus-lower uterine segment) x *** cm (anterior - posterior)]. The cervix measures *** cm in length x *** cm in diameter. The cervical cuff extends up to *** cm anteriorly and *** cm posteriorly from the cervix. The endometrial cavity measures *** cm in length, up to *** cm wide. The endometrium measures *** cm in average thickness. The myometrium ranges from *** to *** cm in thickness. The right ovary measures *** x *** x *** cm. The left ovary measures [***x***x*** cm]. The right fallopian tube measures *** cm in length [with/without fimbriae x *** cm in diameter, with a *** cm average luminal diameter. The left fallopian tube measures *** cm in length [with/without fimbriae x *** cm in diameter, with a *** cm average luminal diameter.

The cervical mucosa is remarkable for a lesion located in the [anterior/posterior aspect] extending from *** o’clock to *** o’clock, which measures *** x *** cm in surface area. Sectioning reveals the lesion [describe cut surface] and has a *** cm maximum thickness. The lesion measures *** cm from the inked paracervical soft tissue margin. The lesion [does/does not] extend into the vaginal cuff. The lesion [does/does not] extend to the lower uterine segment. The lesion [does/does not] extend into the uterus. [OR if no tumor identified –“The cervix is remarkable for a defect measuring *** cm in diameter which extends *** cm into the cervix. No residual tumor is grossly identified”.] The uterine serosa is [pink, smooth, glistening, unremarkable/has adhesions]. The endometrium is [tan-red, unremarkable, describe presence of lesions/polyps]. The myometrium is [tan-yellow, remarkable for trabeculations, cysts, leiomyoma-(location, size)]. The right and left ovary are [unremarkable, show atrophic changes, describe presence of lesions]. The right and left fallopian tubes are [grossly unremarkable, remarkable for adhesions, show evidence of prior tubal ligation, etc]. No additional lesions or masses are grossly identified. Representative sections are submitted [describe cassette submission].
Gynecologic Pathology Grossing Guidelines

Ink Key:
Black-right
Blue-left

Cassette Submission: 20-25 cassettes
- Right parametrial margin, shave
- Left parametrial margin, shave
- Remaining right parametrial tissue
- Remaining left parametrial tissue
- Anterior vaginal cuff margin
- Posterior vaginal cuff margin
- **Cervix with and without tumor**
  - Show closest approach to inked soft tissue margin
  - If no gross tumor or no gross residual tumor, amputate the cervix and submit cervix in a clockwise fashion, by quadrants (12-3:00; 3-6:00; 6-9:00; 9-12:00)
    - 12:00 Anterior cervix
    - 6:00 Posterior cervix
- **LSIL**: submit standard uterus sections
- **HSIL or prior conization**: submit entire cervix, sequentially by quadrants. Confirm with attending prior to submitting if this will require many cassettes
- Anterior and posterior lower uterine segment
- Uterine fundus
- Right and left fallopian tube
  - 2 cross sections and bisected fimbriated end
- Right and left ovary
  - Representative cross sections if uninvolved
- All lymph nodes, if present

Reference
doi:10.1097/PGP.0000000000000745

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7969178/pdf/pgp-40-s024.pdf