

## DERMATOPATHOLOGY GROSSING GUIDELINES

### QI Project Potocol:

- 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:

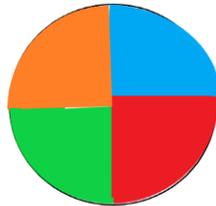
**For all RUSH cases, the dermpath fellows AND the skin service resident should be notified via email about the case.**

**Specimen Type:** DISCOID (circular) SKIN EXCISION (or other unusual shape other than ellipse)

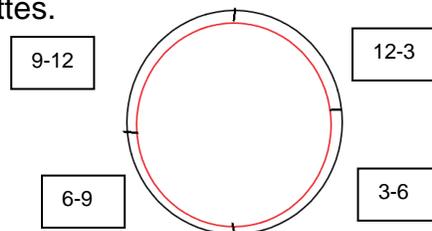
### Procedure:

**Please contact the assigned pathologist prior to grossing in these specimens.**

1. Measure the specimen in 3 dimensions.
2. If oriented, ink the specimen differentially using four colors.
  - a. The four colors will meet on the deep aspect of the specimen (see diagram, below). It is important that these colors extend to the deep aspect of the tissue, so that one can maintain orientation on the slide after the peripheral margins have been removed.



3. If unoriented, ink all peripheral and deep margins green.
4. Shave off the peripheral margins (as a 2 mm 'strip') by quadrant, and place in 4 separate cassettes.



5. Serially section the remainder of the specimen and examine for depth of invasion. Up to 3 central sections can be submitted in each remaining cassette. If the specimen is large (will require greater than 20 cassettes to entirely submit), please consult with the Attending on service prior to processing the sample.
6. Enter embedding instructions in Task Notes in Beaker (embed inked side down).—**for the peripheral margins only.**

## **DERMATOPATHOLOGY GROSSING GUIDELINES**

### **Gross Template:**

Labeled with the patient's name (\*\*\*), medical record number (\*\*\*), designated "\*\*\*\*", and received [fresh/in formalin] is an [*oriented/unoriented*] [shape] skin excision 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 peripheral margins are shaved and entirely submitted. The remaining specimen is serially sectioned to reveal [*describe depth of invasion*]. [*Describe remaining cut surfaces and presence of satellite lesion(s)*]. The remaining specimen is entirely submitted [*describe cassette submission*].

INK KEY (if oriented):

Blue- 12-3 o'clock peripheral and deep margins  
Red- 3-6 o'clock peripheral and deep margins  
Green- 6-9 o'clock peripheral and deep margins  
Orange- 9-12 o'clock peripheral and deep margins

INK KEY (if unoriented):

Green- resection margins

**Cassette Submission:** All tissue submitted

- If oriented- shave off peripheral margins (as a 2 mm 'strip') by quadrant and place in 4 separate cassettes. The remaining serially section central sections can be submitted entirely. Up to 3 central sections can be submitted in each remaining cassette.
- If unoriented- submit shaves of peripheral margins sequentially. The remaining serially sectioned central sections can be submitted entirely, sequentially. Up to 3 central sections can be submitted in each remaining cassette.

**Sample Cassette Submission:**

#### **Oriented**

A1 12 - 3:00 peripheral margin, shave, en face  
A2 3 - 6:00 peripheral margin, shave, en face  
A3 6 - 9:00 peripheral margin, shave, en face  
A4 9 - 12:00 peripheral margin, shave, en face  
A5-A6 Central sections, submitted sequentially from 12 to 6 o'clock, perpendicular sections

#### **Unoriented**

A1-A4 peripheral margins, shave, sequentially submitted, en face  
A5-A6 Central sections, sequentially submitted perpendicular sections