

## **BONE AND SOFT TISSUE PATHOLOGY GROSSING GUIDELINES**

- 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)

**Specimen Type:** LOWER/UPPER EXTREMITY (NON-TUMOR)

**Gross Template:**

Labeled with the patient's name (\*\*\*), medical record number (\*\*\*), designated "\*\*\*\*", and received [*fresh/in formalin*] is an [*above-knee disarticulation, hip disarticulation, etc.*] measuring \*\*\*cm in length x \*\*\*cm in diameter. The attached [*foot/hand*] measures \*\*\* x \*\*\* x \*\*\*cm and has [*number of digits present, indicate absent digits or prior amputation site*]. The skin is remarkable for [*describe any lesions present/location/distance to margins*]. The underlying bone is [*describe cut surfaces*]. The vasculature is dissected out to reveal [*describe patency/calcifications/stenosis*]. No additional lesions are grossly identified. Representative sections are submitted following decalcification [*describe cassette submission*].

**Cassette Submission:** 6-8 cassettes

- Skin/soft tissue/muscle/neurovascular bundle resection margin (en face)
- Bone resection margin (en face)
  - If the proximal bone margin appears viable and normal – a section of the proximal bone may be omitted
- 1-2 cassettes of vasculature
- 1-2 cassettes of skin lesions with underlying bone
- Section of bone from affected area (rule out osteomyelitis)