

## DERMATOPATHOLOGY GROSSING GUIDELINES

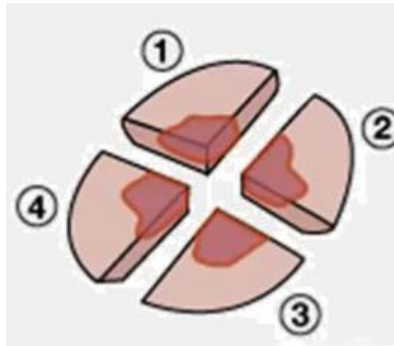
### RUSH CASES:

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

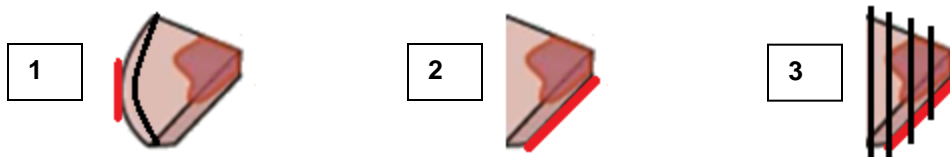
**Specimen Type:** MOH'S EXCISION

### **Procedure:**

- Specimens that often require sectioning may have been cut into quadrants by clinicians. They may also have been oriented by the surgeon with ink (often green and blue):



1. Shave the true peripheral margin and **ink the peripheral margin red**.
  - a. This piece will be embedded with the true margin down by histology.
2. **Ink the deep margin red** on the remainder of the specimen. Be careful NOT to ink the cut surfaces of the quadrant, as this is not a margin!
3. Serially section the remainder of the specimen.
  - a. These sections will be embedded on edge by histology.



### **Sample Gross Descriptions:**

Labeled with the patient's name, medical record number, designated "left cheek", and received in formalin is an un-oriented hair-bearing skin excision specimen. The specimen measures 1.0 x 0.5 cm, and is excised to the depth of 0.2 cm. The epidermis is pink-tan, hair bearing and focally ulcerated. The specimen is entirely submitted for Mohs processing.

### **INK KEY:**

Red- deep and peripheral margins (and for embedding orientation)

## **DERMATOPATHOLOGY GROSSING GUIDELINES**

**Cassette Submission:** All tissue submitted

Add “**embedding- Mohs**” task flag for histology

- A1: Peripheral skin margin (red ink on peripheral margin)
- A2: Remainder of specimen, to include deep margin (serially sectioned)