

Head and Neck Pathology Grossing Guidelines

Specimen Type: HEAD & NECK MUCOSAL BIOPSIES

Gross Template:

MMODAL COMMAND: “INSERT NASAL”

The specimen is received fresh in one container, labeled with patient's name ([*last name, first name****]), medical record number ([insert MRN***]), and designated as “[*Dictate full description listed in Beaker. Ensure that the specimen label matches the Beaker order****]”. It consists of multiple pink-tan soft fragments [*measure in three dimensions**** cm] in aggregate. Entirely submitted, in a mesh bag, in [*describe cassette submission****].

[*Insert grosser's initials and today's date (SM 01/01/2000)****]

MMODAL COMMAND: “INSERT CORE BIOPSY”

The specimen is received in one formalin filled container, labeled with patient's name ([*last name, first name****]), medical record number ([insert MRN***]), and designated as “[*Dictate full description listed in Beaker. Ensure that the specimen label matches the Beaker order****]”. It consists of [*number of fragments****] pink-tan cylindrical soft tissue fragments ranging from [*smallest to largest****] in length x 0.1 cm diameter. The specimen is entirely submitted, in a mesh bag, in [*describe cassette submission****].

[*Insert grosser's initials and today's date (SM 01/01/2000)****]

Cassette Submission: All tissue submitted

- Proper embedding for vertical sectioning through the mucosal surface is critical for the determination of early stromal invasion. To achieve this, instruction should be given to the histotechnologist for proper embedding by placing a task note in Beaker. If the mucosal surface can be identified, instruct the histotechnologist to cut on edge.
- If the specimen is greater than 4 mm, ink the deep aspect and bisect the specimen perpendicular to mucosal surface.
- Any head and neck biopsy smaller than 4 mm, request three separate slides with serial cuts up front. Subsequent recuts may lose diagnostic tissue.