## Ophthalmic Pathology Grossing Guidelines

<u>Specimen Type:</u> EYELID WEDGE RESECTION for basal cell carcinoma, squamous carcinoma. [If sebaceous carcinoma is suspected, please contact pathologist for instructions, see below].

## **Gross Template:**

Labeled with the patient's name (\*\*\*), medical record number (\*\*\*), designated "\*\*\*", and received [fresh/in formalin] is an oriented eyelid wedge resection measuring \*\*\* x \*\*\* x \*\*\* cm. [Describe skin surface and conjunctiva, indicate if eyelashes present]. [Describe lesions present and if skin and/or conjunctiva involved- measure distance to end margins. Identify the medial and lateral surfaces by 1. establishing from what eyelid the sample was taken. 2. identify the lashes 3. orient as in the body, e.g. right lower eyelid, then ink the medial and lateral margins with different colors and join posteriorly]. The specimen is entirely submitted in [describe cassette submission]. Photograph to document orientation after inking.

## **Cassette Submission:** 1 cassette

- Submit all tissue as a one piece. Do not section.
- Order: Sandy to orient and bisect near the lashes, splitting the eyelid in the coronal plane and embed on the cut faces

<u>Note</u>: this allows the pathologist to see all 3 margins simultaneously and measure the distance to the medial and lateral margins. If sebaceous carcinoma is suspected then a central part of tumor will need to be removed for osmication (electron microscopy lab). Best if Dr. Glasgow or attending on service supervises.