###### Purpose

To provide a procedure for the gross examination of a skin wide local excision with or without orientation.

1. **Principle**

To take histologic sections to demonstrate any possible pathologic process present so that a diagnosis can be made microscopically by a Pathologist.

###### Equipment

1. Ruler
2. Forceps
3. Scalpel
4. Large Knife
5. Blue biopsy sponges
6. **Safety**
7. **PPE** should be worn.
8. **FORMALIN** is a known carcinogen.
9. **Supplies and Reagents**
10. **10% NEUTRAL BUFFERED FORMALIN** (pH range 6.9 – 7.2)
11. Blue Ink
12. Green Ink
13. Orange Ink
14. Red Ink
15. Yellow Ink
16. White Distilled Vinegar
17. **Quality Control**

All remaining tissue should be retained with proper orientation.

1. **Limitations/ Notes**

The following may influence the validity of test results:

1. The specimen should be fixed in formalin.
2. **Procedure**
3. The specimen will arrive in a jar of formalin.
4. Measure the skin ellipse or ovoid excision in length, width, and depth (cm.).
5. Locate the lesion or re-excision site and describe the size (2 dimensions – cm.), shape, color, and distance to the nearest skin edge.
6. If the specimen is not oriented, ink half of the surgical margin blue and the other half green. Note: Avoid using black on skin specimens.
7. If the specimen is oriented, include how it is oriented in your dictation and ink the margin two to five colors, avoiding black if possible.
8. Use vinegar as a mordant for the ink.
9. Serially section the specimen perpendicular to its long axis.
10. Measure the thickness of the lesion or scar and measure the distance to the deep margin if grossly apparent.
11. If there is any adipose tissue separate in the container, do not ink.
12. If the whole specimen can be submitted in 15 or fewer blocks, submit the entire specimen. If the specimen is unoriented, both tips of the ellipse can be placed in one cassette. The remainder of the ellipse should be submitted sequentially from one end to the other.
13. If the whole specimen is more than 15 blocks, submit the entire scar/lesion and 3 sections on either side of the scar/lesion (total of 6 cassettes around the scar/lesion + however many the scar/lesion takes). The tips/ends do not need to be submitted. Examine the remaining sections and submit any lesion/unusual finding.
14. If submitting the entire scar will yield excessive blocks, or if in doubt, call the pathologist assigned to the case. Perpendicular sections to all margins are preferred, however if the specimen is large, the pathologist may request the margins to be shaved and submitted en face.
15. In general, one slice per cassette is preferred, unless the tissue sections are small (i.e., the sections near the tips) then 2 or 3 pieces may be placed in one cassette making sure that there is adequate space in the cassette for optimal processing.
16. Save any remaining tissue with proper orientation in case additional sections need to be submitted.
17. If the skin slices are small, they should be placed between blue sponges.
18. If the skin ellipse is small and fits in 2 cassettes, three levels should be ordered.
19. If sentinel lymph nodes are sent with the specimen (especially for Melanoma or Merkel Cell CA), two levels of H&E and 2 unstained slides should be ordered.
20. The cassettes should be loaded on the appropriate processor to allow for proper fixation and processing.
21. **References**

Hruban RH, Westra, WH, Phelps, PH, & Isacson, C: Surgical Pathology Dissection An Illustrated Guide, New York, NY, Springer-Verlag Inc., 1996.

Lester, SC: Manual of Surgical Pathology, New York, NY, Churchill

Livingstone, 2001.

1. **Authorized Reviewers**
2. Medical Director, Anatomic Pathology
3. Chief, Surgical Pathology

##### Document Control

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| *Ali-Reza Armin,MD* | 10/20/2011 | **r00** |  |  |
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