**Purpose**

Ellipse specimens can be oriented by the submitting surgeon, using one or two sutures. Proper orientation requires 3 dimensional correlation of anatomic site with suture designations. If designation is not provided or unclear, the surgeon should be contacted for clarification. When only one suture is present, it may be designated as12 o'clock, and the remaining margins may be designated in relation to a clock face. In either case, a detailed diagram must be provided. If there is any uncertainty with how to proceed, the specimen should be held and a dermatopathologist contacted.

**Procedure**

* Measure the specimen and give its depth of excision.
* "Describe the skin color and texture.
* Note the sutures or orienting marks and their designations
* Describe and measure any lesions present, including scars: location (central vs. eccentric and distance from margin), whether it is raised, flat, or depressed, and its texture, its color and border (regular, or irregular).
* Dab specimen dry and apply ink, using at least 2 colors of ink to the deep surface, effectively dividing the specimen in half along its long axis, such that serial sections across this long axis will contain both colors. (see images below)
* Draw a diagram or a template of the specimen indicating orientation of the inking (ie, the color of each side) and submission on sections for the specimen.
* Amputate the tips: 1 tip will be placed in the first cassette and the other tip will be placed in the last cassette used for the specimen. Use sponges to keep tissue orientation and to prevent the loss of tissue through the cassette.
* Serially section the skin ellipse at 2-3 mm intervals.
* Place sections in sequence in the remaining blocks and state how many pieces of tissue are present in each cassette and which cassette(s) contain the lesion. Use sponges if possible to keep tissue flat, on plane. This will also help in orientation for the histotech at time of embedding.

Note: Very large excisions that cannot fit in one cassette are usually not completely submitted.

* The scar/lesion is completely submitted along with 1.0 cm of normal skin on either side.
* Excessive fat should be trimmed at 1.5 cm below the skin surface.
* The central block containing scar/lesion is either entirely submitted (if prior margins were positive), or represented by every other section (if prior margins were negative).
* Serially section and carefully inspect the remainder of the ellipse and transected adipose tissue for satellite lesions or any other abnormalities.

**Sections for Histology**

* Two cassettes with the tips.
* Complete submission of the lesion and surrounding skin (approximately 1.0cm of uninvolved skin on either side).

**Sample Dictation**

Labeled “Right lower arm", received in formalin in a small container is a 3.5 x 1.5 cm tan skin ellipse excised to a depth of 1.1 cm. The skin is remarkable for a centric brown-black macula with a well-defined boarder that is 0.5 cm from the inferior margin. The superior margin is inked blue, the inferior margin is inked green and serially sectioned from medial to lateral. Specimen is submitted as per accompanied diagram.

**Cassette summary**

1 A - medial tip (1 ns)
1 B - D skin with lesion in cassette 1 C submitted medial to lateral. (3 ns each)
1 E - lateral tip (1 ns)

