**Procedure**

**Small Specimens:**

Gross descriptions of small specimens are of little importance to the clinician; the major interest is in the microscopic diagnosis. The description should include the amount of tissue submitted (number of fragments, aggregate volume, size of each fragment), as these must match any amount of tissue described in the microscopic diagnosis. If any questions arise concerning discrepancies between the tissue form and the number and type of specimens submitted (labeling errors, etc.) the specimen should not be processed and the clinician contacted.

**Large Specimens (digital photographs are strongly encouraged – annotate image with cassette locations):**

With some exceptions, the tissue diagnosis is usually known at the time a large specimen is submitted (e.g. cervical or endometrial cancer). For most large specimens, the gross description will be of major interest to the clinician. Of particular concern is whether or not the lesion (tumor) has been completely removed. Attention should be paid to size, extent of involvement of associated structures (depth of invasion), and closeness to any surgical margin. As a rule of thumb, if you can hold the specimen in your hand, then it should be weighed. **Weigh ALL uteri and ALL fibroids (in aggregate if the specimen is morcellated)**. Ink all pertinent margins before sectioning.